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CONTENTS.

Original Department.

PAGES

New Remedies—Ustilago Maidis—Amygdalis Persica—Apium Graveolens. By Jas. I. Hale, M. D..... 81
Alcohol *vs.* Carbolic Acid in Erysipelas. By B. Benn, M. D 83
Cascara Sagrada. By R. W. Alexander, M. D 84
Ostrya Virginica (Iron Wood). By J. C. Tritch, M. D..... 85
Equisetum Hyemale. By A. B. Woodward, M. D..... 85
Hyperidrosis. By A. C. Simonton, M. D 86
Senecio Aureus. By John A. Henning, M. D..... 87

Hospital Reports on New Remedies.

Report from Charity Hospital... 87

Reports on New Remedies.

Damiana, Grindelia Robusta, Rhamnus Purshiana. By Willard H. Morse, M. D..... 88
Piscidia Erythrina, Stigmata Maidis, Nitro-Glycerine. By S. A. Butterfield, M. D..... 89
Jamaica Dogwood in Whooping Cough. By J. F. Fitzsimmons, M. D..... 89
Liquor Ergotæ Purificatus, Manacá, etc., John G. McKenney, M. D ... 90
Rhus Aromatica. By Jas. M. Hole, M. D..... 90
Euonymus Atropurpureus (Wahoo). A. B. Woodward, M. D..... 91
Coca in Alcoholism. By Wm. H. By Warner, M. D..... 91
Manacá in Rheumatism. By Dr. L. A. Vawter..... 91
Sanguis Bovinus Exsiccatus. By O. J. Wesley, M. D..... 91

Abstracts and Translations.

Sulphate of Duboisia and Atropia in Ophthalmic Practice..... 92
Itch. 94
Hydrate of Chloral..... 94
Explosive Medicines..... 94
Alcoholism..... 94
Taking Cold by Infants 95
Heart Disease by Regimen of Milk.. 95
Pilocarpin in Intermittent Fever... .. 95
Clinical Experience with Diuretics... 95
Labor with Rigid Uterine Neck..... 95
Cystitis. 95
Precocious Persons Born with Teeth. 95
Night Sweats in Infants.... 96
A Cause of Death by Submersion after a Repast..... 96

Correspondence.

Lycopus Sinnatus..... 96
On the Most Sensitive Reagents for Poisons 96
Gonorrhœa Specific..... 96
Iodine and Turpentine Mixture..... 97
Nux Vomica in Acute Dyspepsia..... 97
A Peculiarity of Cascara Sagrada.. 97

Prescription Department... 97

Editorial.

Cholagogues (Continued)..... 100
Our Exchanges (Continued).... 102
The Therapeutic Renaissance 103
American Medical Association 104
Michigan College of Medicine 104
Leprosy in the United States..... 104

Book Reviews and Notices. 105

Therapeutic Progress.

Cancer of Cardiac Orifice of Stomach —Rectal Alimentation.. 107
Therapeutics of Ergot..... 108
Liquid Ozone 109
Pulsatilla in Uterine Affections..... 109
Proprietary Preparations..... 109
Some Important Uses of Amyl Nitrite. 110
Quinine for Hypodermic Use. 110
Chlorate of Potash in the Night Terrors of Children..... 110
The Hypodermic Injection of Ergot as a Cough Sedative..... ... 110
A Ready Method for Hot Fomentations... 110
Essence of Wintergreen in Purulent Cystitis. 110
Rectal Alimentation..... 111
Defibrinated Blood in Rectal Alimentation... 111
Tinea Capitis 111
Ammonio Sulphate of Copper in Tic Douloureux..... 111
Purgatives for Consumptives..... 111
Value of Ammonical Salts in Diabetes 111
Iodide of Ethyl and Pilocarpine in Asthma 111
Removal of Freckles..... 111
Phosphate of Bismuth..... 111
Wonderful Effects Following the Use of a Popular Nostrum..... 112
Mouth Wash..... 112

New Remedies.

The Composition of Tonga: A Reputed Remedy for Neuralgia..... 112
Cascara Sagrada..... 113
Piscidia Erythrina, (Linnæus), Jamaica Dogwood..... 114
Piscidia Erythrina, or Jamaica Dogwood 115
A Case of Opium Habit of Six or Eight Years' Standing Treated Successfully with the Solid Extract of Coca 118
Chrysophanic Acid in Skin Disease... 118
Sanguis Bovinus Exsiccatus..... 118
Coca in the Opium Habit..... 119
Experimental Researches on the Biological Action of Picrotoxin..... 119
Casca Bark *vs.* Digitalis 119
Rhinacanthus Communis..... 119
Hoang-nan, a New Remedy for Hydrophobia 119
Hoang-nan, a Cure for Snake Bite.... 120
Quebracho in the Treatment of Asthma..... 120
Menthol..... 120
Homatropine..... 120
Notes on Mikania Guaco..... 120
Euonymin in the Treatment of Pseudo-Membranous Colitis..... 120

Original Department.

New Remedies — Ustilago Maidis — Amygdalis Persica—Apium Graveolens.

Report on Materia Medica and Therapeutics to the Southern Illinois Medical Association, by James I. Hale, M. D., Anna, Ill.

MR. PRESIDENT and fellow members of the Southern Illinois Medical Association: During the past year I have been so constantly engaged by pressing professional and other duties, that my appointment on the committee on materia medica seldom recurred to my mind, and until within little more than forty-eight hours prior to this meeting I had no thought of presenting a report thereon; but believing it inexcusable to shirk the legitimate and reasonable responsibilities imposed upon us by the association, I have hastily thrown together a few thoughts and observations, and present them as an apology for a more elaborate report.

During the past decade, as is well known, there has been a ceaseless activity in every branch of medical science, and the department of materia medica and therapeutics has been well looked after, and many important improvements and discoveries made therein. Not only have there been large numbers of new articles added to the armamentarium of the physician—a few of which will doubtless stand the strong clinical tests to which they will be submitted and remain permanent—but many old drugs have been carefully re-studied and found to possess new properties and powers, and to be adapted to a wider range of application than hitherto thought of.

Possibly the spirit of experimentation in therapeutics has been pushed beyond its just limits, particularly by some of our more enterprising manufacturing pharmacists, who have flooded the markets with a vast number of new and comparatively untried articles, which, being vigorously advertised, are often prescribed by the more susceptible and impressible physician, when a better known remedy might be infinitely more potent and satisfactory to himself as well as to the patient. I think it perfectly safe to assert that but a small proportion of the vast number of so-

called new preparations, or new remedies, will stand a reasonable clinical test and prove themselves possessed of properties and powers sufficient to warrant a continuance of their names even on our lists.

I would not be understood as wishing to discourage the search for, and introduction of, new remedies, or to disparage the work of our most noble allies, the pharmacists; on the contrary, we should ever be willing to foster and encourage all that tends to strengthen us in our efforts at combating disease; but I do claim that before an article is placed upon the market for general and almost indiscriminate use by all classes of physicians, it should be thoroughly tested and its most prominent properties and effects learned and recorded by those who are so situated that they can experiment without compromising the confidence of their patrons; for it is well known that in private practice patients seriously object to being the subjects of experimentation. I refer to hospital and dispensary physicians, and those attending other eleemosynary institutions, where those who receive valuable gratuitous services cannot reasonably object to thus aid the science which gives them relief.

When we reflect on the number and variety of remedies claiming our attention from every source, we have reason to be amazed and confused, and are apt to be led to prescribe what we know comparatively nothing of, to the exclusion of a well-tried therapeutic friend. I would say, then, let pharmacists supply eleemosynary institutions with their new products for trial, and if they there prove valuable in a reasonable number of cases, after careful administration, they may then be conscientiously placed before the profession at large, who may prescribe them with a reasonable assurance of satisfaction.

You are doubtless all familiar with the literature of the more prominent recent introductions, and have tried the virtues of most of them—such as eucalyptus globulus, cascara sagrada, grindelia robust, jaborandi, Jamaica dogwood, and even damiana. I will, therefore, pass them by, and quite briefly call your attention to a few others that I think bid fair to be equally useful, and besides they are indigenous, or, at least, common with us, and their botanic characters and physical properties quite familiar to all: in fact, their apparent simplicity may debar them from receiving that just and impartial consideration which is apt to be given to what is new and unfamiliar. Mystery, distance and novelty lend enchantment to almost everything, medicinal agents not excepted.

Ustilago Maidis. First on the list I place ustilago maidis (corn smut, or corn ergot). This product, which in its natural condition is so perfectly familiar to every one that it needs no description, is gradually gaining favor as an important oxytocic. It has been found almost, if not quite, equal to the ergot of rye, and is thought by many to be superior to the latter in many cases and in certain conditions. I have myself found it quite an efficient parturifacient when such seemed to be required, giving steady prolonged, tonic contractions of the uterus, instead of the fitful grinding, tearing, cutting, irritating contractile pains so frequently observed after the administration of ergot of rye. I have also found it to be tolerated by irritable stomachs where ergot could not possibly be retained. It appears to me that it stimulates more directly the longitudinal fibres and fundus of the uterus—causing contraction of its long diameter—than it does the circular fibres and the cervix, from the fact that under its use there is more rapid dilatation of the os and none of the peculiar rigidity so frequently observed under other circumstances. This hypothesis I am not prepared to defend, however, as my experience with the article has been too limited to warrant me in doing so. I have also given ustilago in a few cases of passive post-partum hemorrhage, menorrhagia and metrorrhagia, with very satisfactory results. The fluid extract has been the only preparation of ustilago that I have used, and I think the only one worthy of consideration. Its keeping qualities are far superior to ergot. One sample after remaining in the office for six months seemed as efficient as though it had just been turned out of the laboratory.

Amygdalis Persica (*peach leaves.*) The leaves of the peach have long been popular in domestic practice, and recommended by many in the profession, by whom it has been used externally in fomentations, but as an internal remedy they have been but recently made use of, and that in the form of a fluid extract, which seems to have a specific tonic action on the mucous membrane of the alimentary canal, speedily manifesting a marked beneficial influence over various morbid conditions of the stomach and bowels, as well as of the urinary organs. It is said to be useful in gastro-intestinal irritation of almost every description, and it has no superior in vesical and urethral irritation arising from acrid conditions of the urine, or catarrhal congestion. I have used it in two cases of chronic gastrodynia with decidedly favorable results after every other known remedy in such cases had been fully tried. I have found it quite effectual in some cases of sub-acute and chronic diarrhœa, particularly in children during the late summer and early fall. I am confident that the article is worthy of more extended use, and that it will prove valuable when administered in such cases as require a soothing sedative tonic to the mucous membrane.

Apium Graveolens (*celery seed.*) To what extent this has been used as a medicine I do not know. I do not remember of having seen any literature on the subject, but I know a fluid extract has been prepared and placed on the market, which I have neither seen nor tested. Remembering the peculiar soothing, semi-narcotic and hypnotic effects that onions, leeks, lettuce, celery and allied substances have when freely eaten, and that they are recommended as a particularly suitable article of diet for nervous individuals, I was led to believe that they might be more fully utilized as medicines. Being frequently consulted in regard to young infants being restless and fretful, particularly at night, which most generally arises from slight flatulency and acidity of the stomach and bowels, I have for some time been in the habit of recommending infusion of celery seeds with a little soda, administered almost *ad libitum*, with the most gratifying results. I deem it much better than the more potent and harmful narcotics so fre-

quently, and often recklessly, given. It is astonishing what good babies can often be made of the most fretful and restless. If you have not already tried it, by all means do so, and my word for it, the weary, anxious mothers, as well as the hitherto irate fathers, will arise and call you blessed.

(Written for the Therapeutic Gazette.]

Alcohol *vs.* Carbolic Acid in Erysipelas.

By B. Benn, M. D., Gladbrook, Iowa.

A FEW days ago I was reading my journal, and on page 65 of the THERAPEUTIC GAZETTE I found an article with this caption, "Subcutaneous Injections of Carbolic Acid in Erysipelas," and of course I carefully compared the statements of the writer with my own experience and observation, and when I was ready for a conclusion, I could not but ask: why not give the alcohol used the credit of the good results observed by Prof. J. E. B., and not the carbolic acid? I will give my case briefly and the reader shall judge:

Nov. 8, 1880, being 140 miles from home, I stopped with an old friend and former patron, Mr. A. C., æt. 57. I found him very sick, and under the care of a homœopathic physician; he was bad and rapidly growing worse, and friends and patient being anxious to have something more done, asked me if I would take charge of the case if they would dismiss the attending physician. I promised them I would, and was quickly put in charge.

The history of the case, from the first, as I learned it, was this: The patient, some fifteen or eighteen days previous, had injured his hand in the palm, while using a brace bit, and in a short time discovered that he was likely to have trouble with it, and began to use such domestic remedies as were at hand, but in a few days the matter became so serious that he called in the aid of a physician, who called it a "bog felon," and put him under treatment. What the treatment was, I do not know, further than that locally the hand was kept wrapped up in a solution of carbolic acid, about thirty grains to the quart of water.

On examination I found pulse 90, and weak; temperature somewhat elevated, skin dry and of husky hue, tongue heavily coated, broad and flabby, coating very dark; mucous membranes of mouth dark colored,—the symptoms to my mind presenting strong evidence of septicæmic poisoning. The hand was fearfully swollen, of purplish color, and discharging an ichorous pus at the three openings made by the former attending physician,—the two in the palm were free incisions, the one in the wrist was a puncture. I found deep pitting from the hand to near the elbow.

I diagnosed abscess from periosteal inflammation and erysipelatous fever, and put the patient on the muriate tincture of iron, twenty-five gtts. once in four hours, and:

℞ Podophyllin, gr. ½.
Leptandrin, gr. j.
Quiniæ sul., grs. iij.
Mix.

For one powder, to be given once in four hours until the bowels are moved.

To the affected limb I applied cloths lightly wrung out of a solution of carbolic acid, ʒ j to the quart of water, these to be constantly kept wet with the same. This treatment was continued, less the podophyllin and leptandrin after motion of bowels, for three days with local application of tincture of iron twice a day, without any change, when the erysipelas began to move toward the body, and in a very short time had reached as far as the shoulder. I now determined to use good whisky diluted with water instead of the carbolic acid. After this had been continued for twenty-four hours, the erysipelas had disappeared from the upper arm, and became again confined the local difficulty. The internal treatment was now as above with the addition of the free use of brandy, and the podophyllin and leptandrin, sudorifics, and diuretics, as indicated.

Local applications were now made of muriate tincture of iron, carbolic acid, sulphite of soda, and iodine for five days with some improvement, when the erysipelas again spread upwards, and reached as far as the sternum anteriorly, and nearly to the spine posteriorly. I confess I felt myself nonplussed, but said to the friends that if we had plenty of whisky I thought there was hope yet. In an hour and a half they had one gallon and a half of good whisky at my disposal, but during this hour and a half, the erysipelas had covered the person of the patient, except the lower extremities from the trochanters down, and the left arm from the middle of the upper arm down. I now kept my patient completely swathed in cloths wrung out of pure whisky for twelve hours, not forgetting a good supply internally, and had the satisfaction of seeing the treacherous enemy driven back to his stronghold (the hand), and the fever was almost routed.

The treatment for five or six days was, internally, quinine, iron, capsicum, podophyllin, leptandrin, acetate potass., and diaphoretic powder, as indicated. Locally, carbolic acid, mullein fomentations, tincture of iron, black salve, permanganate of potass. and sulphite of soda, were in turn employed with very little advantage from any of them, except the salve, which caused free discharge and thus relieved congestion. About this time the appearances began to be more unfavorable, much of the hand presented to the practiced eye, that appearance which the experienced physician knows always precedes, only a few days, deep sloughing, together with at the upper borders, a disposition to another migration of erysipelas.

I now determined to try the whisky again, and accordingly wrapped the arm and hand up with cloths to nearly an inch in thickness, saturated with pure whisky then covered all closely with an oil cloth, and in fifteen hours I was delighted to see the swelling reduced eight-tenths, the tissues soft and no more danger of sloughing. The whisky pack was kept up for a few days, after which the black salve was used, and the patient went on to convalescence and health.

But this article is growing too long, and I can only hint at the inferences that I would draw. I am willing to grant that carbolic acid is a disinfectant, and will stay decomposition in dead matter, but that it will do so in the living or that it has antiseptic powers of high character I am not satisfied. In my case I think that the alcohol present in the whisky was taken up by absorption, and as it passed through the tissues by endosmosis, it met

with and neutralized the poison of the erysipelas. I have no doubt that the carbolic acid was thus taken up, but failed to give good results, either because it has not the power to do so, or that it was not taken up in sufficient quantity.

[Written for The Therapeutic Gazette.]

Cascara Sagrada.

By W. R. Alexander, M. D., Appointed Physician and Surgeon to Poor of Parkersburg District, Parkersburg, West Va.

MUCH has been said and written about the wonderful effects and properties of the rhamnus Purshiana (cascara sagrada), it is true, but as I have had considerable experience in the use of it, getting such very satisfactory results from its administration, I feel that it should be kept prominent before the profession as a great and never-failing remedy for constipation, and those diseases of the system which depend upon a constipated condition of the bowels, lack of secretory action, etc. As to its *modus operandi*, I agree from my experience with it very fully with Dr. Goss, "that it spends a direct effect upon the sympathetic nervous system, especially upon that of the solar plexus, stimulating the nutritive and assimilative functions directly. It powerfully stimulates the digestive process, increases the activity of the secretory organs, especially where the secretions are deficient and perverted; hence perverted or deficient secretion is the special indication for this very great remedy. In constipation depending upon deficient secretion, the fluid extract given in doses of twenty to thirty drops three or four times a day, will regulate the bowels. It increases the action of the liver with out nausea or other inconvenience." In my hands it has particularly proven to be a tonic to the muscular tissue generally, but especially upon that of the stomach and bowels, and at the same time it increases the secretions. In cases of indigestion, where the patient throws up everything taken, Dr. Bundy's formula is most admirable, in which he combines the hydrocyanic acid dilute with the cascara, berberis and malt. There is one case in particular from which I got the most satisfactory as well as very remarkable results with the cascara. It was a married lady, nearly 50 years of age, who had suffered for many years with constipation, inactive liver, dyspepsia and hemorrhoids. You can imagine this lady's suffering from the above maladies. She had consulted many physicians and pursued many plans of treatment. Never had an operation of her bowels for several years without either using medicine or injections for that purpose. When her husband first consulted me in regard to her she was under the treatment of one of the most reputable physicians in this city, and as he had exhausted everything in the materia medica upon her I had to acknowledge I could do nothing for her, and she continued for several months more under the doctor's treatment, until at last despairing of relief from, and being disgusted with all medicines, she determined to try the virtues of some of the popular watering places. Her husband knowing I had some familiarity with a mineral spring, he desired to send his wife to consult me as to the propriety of her trying it. By this time I had, from literature I had received, heard of the cascara, and told him of it, and insisted upon his trying it with his wife before he took her away. Thinking everything had been given her that possessed any efficacy, he at first declined. I read him some of the high ecomiums from different and prominent medical authority, and thus induced him to at least try it. Her condition at this time was as follows: sallow complexion, general emaciation, broad, flabby tongue, coated with a thick, yellow fur, foul breath, cardialgia, headache, habitual constipation, liver enlarged, with considerable pain on pressure. I ordered two preparations of it from a druggist in this city, who had gotten some for my special use. The first was Dr. Bundy's preparation, which I intended should meet the dyspeptic condition of her system, and is as follows:

℞ Cascara sag. fl. ext. (P. D. & Co.), ʒ j.
Acid hydrocyanici dil., ʒ j.
Malt extract, fl. ʒ ij.
Berberis aquifol. fl. ext., fl. ʒ j.

M. Sig.—Teaspoonful after meals, or oftener, if there is pain or distress, with belching of gas or wind from stomach. In addition to above I ordered the second, as follows:

℞ Cascaræ sag., ext. fl. (P., D. & Co.), ʒ ij.
Syr. hypophosphit. co., ad. ʒ jv.

M. Sig.—Teaspoonful at night when the bowels fail to move during preceding day.

I heard nothing more from this patient for nearly a month, when she called in person looking like another being altogether. She said the medicine had acted like a charm; under its influence her bowels moved every day, her appetite was good, her digestion much improved, that the medicine, unlike other similar preparations, caused no pain to hemorrhoidal tumors, that it left the bowels lax, as she had only to take it once or twice a week. She had given up her trip to the springs. She left the office with a prescription for four times the quantity of formula number two, given her at her earnest request, as she said she wanted to keep plenty of it in the house in case she needed it.

I consider the above very remarkable, the case a bad one, the remedy a powerful and sure one, as she had tried all else without even relief. I could give you other and very interesting cases, but as I have already written to considerable length, I will close by saying I have had no failures from cascara sagrada where the article was a genuine one. I would, however, warn the profession against spurious and cheap preparations. There is a house in the west and one in the east that make and sell cascara sagrada much cheaper than Parke, Davis & Co., but it has failed me in its action, having no comparison whatever to Parke, Davis & Co's preparation. I have warned my druggist against any cheap preparation of it, telling him I would rather pay higher prices and get the best. I repeat, that from my experience with it, I cannot believe that a genuine article of it will ever fail to relieve constipation or lack of glandular secretion, laxity or want of tone in muscular tissue, and in inflammatory conditions of mucous surfaces.

[Written for the Therapeutic Gazette.]

Ostrya Virginica (Iron Wood.)

By J. C. Tritch, M. D., Findlay, Ohio.

THE iron wood or ostrya Virginica is a tree quite common in northwestern Ohio, twenty to thirty feet in height, and from three to eight inches in diameter; bark rough, somewhat resembling hickory, wood very dense and hard, producing, on burning, a very intense heat; the leaves are ovate-oblong, sub-cordate, pendulous; buds acute.

The medical properties are found in the heart of the tree, easily distinguishable from the rest of the wood by its red color. My attention was first called to its use by people residing in the country, who, after having a chill, would resort at once to the use of a strong decoction of the red wood and a brilliant cure would be the result. Or, having had the paroxysms arrested innumerable times with quinia, quinidia, cinchonidia, etc., only to return with renewed violence, would finally make use of the ostrya decoction, and a permanent cure was the result.

I do not claim for this that it is a drug that ought to be pushed forward on the profession as an infallible antiperiodic, still I think a few cases will suffice to show the existence of such properties; and possibly it may come to pass that the use of the preparations from Peruvian bark may be in a measure dispensed with by a preparation of an indigenous plant.

(In each of the following cases, two quarts of the core chips, and two quarts of soft water were used to make the decoction, and were boiled until a pint remained.)

M. T., male, æt. 35. Tertian form of intermittent. Had severe chill, followed by high fever and bilious vomiting, a warm sweat succeeding. A pint of decoction, in doses of two tablespoonfuls, at intervals on day of apyrexia, prevented re-occurrence.

Thos. W., æt. about 25; tertian form (had had 15 or 20 chills), much shivering and chattering of teeth during chill, as well as bilious vomiting, high fever with thirst, followed by cold, clammy sweat; quinia postponed paroxysms only to return with more violence than before. A pint of decoction given in same manner as in preceding case, cured permanently.

Mrs. J. M., æt. 40, was five months advanced in seventh pregnancy, had a congestive chill and very nearly died; as soon as sweat appeared gave three tablespoonfuls of decoction every hour until a pint was given; the next day the same quantity, and the third day the same quantity; had no symptoms of being under malarial influence thereafter. I will further state that before her chill for several weeks she had all the indications of threatened miscarriage, but no symptoms continued after the chill.

John M., husband of preceding, æt. 42; quotidian type; had tried everything he had been told to; no other effect than to postpone from time to time. When presenting himself had a very sallow complexion, marked bilious symptoms, considerable gastric derangement and an enlargement of both liver and spleen. Three pints of the decoction, given as before, on three successive days, stopped paroxysms. At the end of four weeks he returned with the hepatic and splenic engorgement but slightly relieved; podophyllin was tried with no improvement, but it readily yielded to small doses of proto-iodide of mercury.

Jacob S., æt. 27. In September, 1880, had severe supra-orbital neuralgia, right side, coming on at 11 A. M. every other day and lasting four or five hours, the patient raving almost as if mad. Morphia relieved the pain, but 24 grains of quinine on each well day failed to prevent return. Had had three attacks; said he would rather die than have another. On next well day gave a pint of ostrya decoction in same doses as in previous cases, the next day another pint, and no return since.

I could go on and give 20 or 25 more cases of a like nature and treatment, but I think these will be sufficient to show that the antiperiodic properties of the drug are very marked, and are worth further investigation in the hands of others. In the last two years, both as to its tonic and antiperiodic properties, I have used it to the almost total exclusion of the salts of Peruvian bark, and my success with it has been very gratifying to myself as well as to my patients. It is evidently a cerebro-spinal remedy of great value, and I think the time is not far distant when it will stand very near quinine as an antiseptic.

I will not encroach further on your space, but will leave that for others after giving it a trial. I feel that a thorough investigation of it will add a useful remedy to our list.

[Written for the Therapeutic Gazette.]

Equisetum Hyemale.

By A. B. Woodward, M. D., Tunkhannock, Pa.

AMONG the many remedies recommended for their direct action upon the kidneys, there is probably but one which stands equal to the simple herb which has for years in the past been used among the first settlers of our country for the purpose of scouring wooden milk pails. I refer to the equisetum hyemale, or the common rush, growing in swamps and along the banks of streams, from Canada to the Gulf of Mexico.

Whenever we have seen it recommended for medicinal use, it has been in form of decoction; and I wish to say just here, that a decoction is very inferior to a reliable tincture, and a reliable tincture is made by filling a stone jar with the stalks, gathered in October, or just before the frost comes, cut fine and covered with alcohol, seven per cent., while in the gum state; let stand ten days, press and filter. The dose of this tincture is from 3 to 5 drops, repeated every two to three hours, as the case may demand.

This remedy is not a forcible diuretic, but a "kidney regulator," and it should be called by that name. It is the tool which the vital force frequently requires to use in the kidneys, and all that it requires to overcome most inflammatory conditions of the kidneys, either acute or subacute. And I say emphatically, that no practitioner of medicine can afford to be without this agent for a moment, nor will a rational practitioner be without it after he becomes acquainted with its therapeutic effects and especially if he under-

stands the physiological functions of the kidneys, and the importance of these functions being normally performed.

No case of inflammation of kidneys can be so successfully treated as with this simple remedy. It is also valuable in all inflammation, wherever located. If there is a specific for children wetting the bed nights, it is equisetum hyemale, and I have treated the worst cases of diabetes mellitus successfully, when other remedies had failed to render any assistance whatever. And this is the reason why I have given it the name "kidney regulator." The specific indications for its use are, a fissured tongue, with pain and tenderness in the region of the kidneys. If the tongue is fissured, both transversely and longitudinally, and has a dark, shiny redness, add tincture iron say to two-thirds of a goblet of water. Add,

℞ Tr. equiseti hy. ʒ j
Tr. chlor. ferri, gtt xxjv

M. Sig.—A teaspoonful every two hours for an adult.

I have just discharged two cases of infantile pneumonia. One of the cases was double, or inflammation of both lungs, æt. 3 years, the other 5 years. I took these two cases for a test, and gave only equisetum in cold water, and the inflammation terminated in resolution making rapid recovery in both cases.

I do not say that the remedy is all that may be required in every case of pneumonia, but I do say, that every case of irritation of the lungs, from simple to obstinate, should have the remedy more or less, as also all cases having its direct indication—a fissured tongue.

Equisetum hyemale does not cure "names," but the vital force uses it as one of its best tools for certain indications, which is the language of the vital force telling a good therapeutist what tool it requires. I will only add, that in speaking of the above-named remedy, I know what I am talking about. It makes no difference about the name which our wise nosologists give to certain conditions, because giving a name does not remove the pathological conditions. But we will discard all nosological names, and say, that it makes no difference what Dr. A. or Dr. B., even in counsel, says the name is. If we find a full bounding pulse, or a fissured tongue, or scanty and high-colored urine, either singly or all combined, it doesn't matter what "Dr. Nosologist" calls the disease, give equisetum, and other remedies that may be indicated as well, as it will not conflict with any other remedy, but always attend to its own duties in all cases, wherever indicated.

[Written for the Therapeutic Gazette.]

Hyperidrosis.

By A. C. Simonton, M. D., Des Moines, Iowa.

I OBSERVED an article in the January number of the GAZETTE, "On the cause of the bad odor sometimes associated with excessive sweating of the feet, with directions for treatment." The article was copied from the British Medical Journal.

I would say, in the first place, in reply to this article, that a bad odor is always associated with excessive sweating of the feet, not "sometimes." In the second place, the author has not directed his treatment against the removal of the cause of the bad odor, but simply has been devising plans of disinfection, and how to remove the "loud" smell.

Every month or two I find a labored article in some of the medical journals on the subject of sweating feet and how to destroy the odor, but seldom have I seen any practical suggestions as to how to stop the sweating, and along with it all the unpleasant results. I can speak from practical experience on this subject, not only in regard to the pedal appendages of my own self, but also those of others.

As to the nature of this sweat as it exudes from the foot, it is always highly acid. This question can easily be settled by placing a piece of blue litmus paper between the toes of any foot bathed in perspiration. If alkalinity ever supervenes it must be in articles removed from the foot, such as socks, and retained until decomposition takes place.

The cure of this annoying condition is simple, cheap and certain. Bathing the feet in hot or cold water is of no consequence so far as cure is concerned. It simply cleanses the feet and removes the smell temporarily. It also serves another and deleterious purpose, and that is, keeping the pores of the sudoriparous glands always open, and rather increases than diminishes the sweating.

In the absence of proper treatment, however, frequent cleansing of the feet is not to be discouraged, especially if the individual is a room-mate.

What are the indications to be fulfilled in the treatment? First, to stop the sweating, and second to harden the tissues of the soles of the feet that are now as tender as though they had been kept in a poultice for years. How shall we accomplish these ends? The best and simplest mode of procedure is as follows: Let any one suffering from this trouble procure an ounce or two of finely pulverized alum, either the ordinary alum or the exsiccated. It must be so finely pulverized that there are no particles that will hurt the foot in walking when applied as I shall now direct. Let the patient remove his socks any time during the day when the feet are bathed in perspiration, sprinkle freely between the toes and over the bottom of the foot, wherever it is moist, a portion of the above mentioned powder. Sprinkle, also, some of the powder in the toe of the socks, and over the bottom, including the heel. Now let the patient put his socks and boots on and go about his business. In two or three days the socks should be changed for clean ones and the application of the powder repeated. A few repetitions of this process will stop the sweating for the present, but after a few weeks it will be inclined to begin again. When this is the case, simply repeat the former treatment. By the repetition of the astringent application the bottoms of the feet become hardened and the tendency to sweat falls to the minimum.

It only requires a little watching now from time to time to forever be rid of the "loud" smell from sweating feet.

Other astringents, no doubt, would answer the same purpose as the alum, *e. g.* tannin, but the

former has always proved successful and is cheaper, so I have used it.

Astringent washes do not answer as well as the mode suggested, since they can only be in contact with the feet for a few moments at a time, while the remedy placed in the sock and on the foot is kept constantly applied for days at a time, and the more the feet sweat the more the remedy is dissolved and brought into contact with the same.

As to disinfectants and deodorizers, they are not required, since when the cause is removed the odor will not be produced.

[Written for the Therapeutic Gazette.]

Senecio Aureus.

By John A. Henning, M. D., Professor of Materia Medica and Therapeutics, in the Indiana Eclectic Medical College, Indianapolis, Ind.

THERE are several varieties of this species, as the S. balsamite, S. golden, S. gracilis, S. lanceolatus, and the one at the head of this article, senecio aureus. This one is, however, mostly used in medicine. However, the senecio gracilis is preferred by some practitioners.

This is an indigenous plant to the northern and western States, found mostly in marshy ground on banks of creeks. It is a small plant, growing one to two feet high; stem erect, smooth, branched above, terminating in a compound corymb. The leaves are radical, simple and rounded, crenate-serrate and long-petioled; flowering in May and June and of a golden yellow color, and very beautiful in appearance when of a perfect nature.

The root is the part used, and it yields its properties to water and alcohol. The senecio gracilis has nearly the same appearance, though larger in size, and found more often in high places among rocky ground.

There are other common names given to these plants, as life root, false valerian, squaw weed, female regulator, and ragwort.

Medical properties and uses: When given in proper doses and continued for some time it is a stimulating uterine tonic. Such a remedy the practitioner must often prescribe in some form. It is also slightly a diuretic and diaphoretic; but its physiological selective tendency is towards the reproductive organs. It is, therefore, indicated as a direct stimulating uterine tonic in chlorosis, amenorrhœa, dysmenorrhœa, monorrhagia and leucorrhœa. I know this is a wide range of diseases, differing materially in pathological conditions, but grouping those affections together we invariably find the uterus and its appendages in a state of inertia, and the prime object of treatment is to restore their lost energy and give them their wonted vigor and strength, and I know of no remedy in the materia medica superior for this purpose to senecio. Of course, if any of the above forms of female diseases are complicated with other organic or functional diseases, they must be met properly with such other remedies as seem indicated. But in nearly all those female diseases we want a good uterine tonic. To derive the full value of senecio it will occasionally have to be used for a considerable length of time. The range will be all the way from one to six months. But it will rarely disappoint us in our expectations. It is truly a "female regulator," and no one remedy is superior to it.

The fluid extract is the best form for its administration. It should be given in doses of from 10 to 15 minims and slowly and gradually increased to 30 minims. It has a much better effect upon the uterus in these small doses than when given in larger doses of, say, 30 to 60 minims; in the latter doses it causes a shock of the system which is hurtful. It may be combined very well with glycerated dialyzed iron, or alkalies, but not with acids, as these are incompatible.

The senecin is a resinoid from it, and nearly as effective; it may be given in doses from one to two grains. This may be made into pills and used.

Hospital Reports on New Remedies.

Report from Charity Hospital.

ŒNOTHERA BIENNIS. Asthma: two cases; both improved. In one case it was administered during the spasm and was followed by almost immediate relief. Asthma and bronchitis: three cases; two improved; one not improved. Subacute gastritis: one case; was used in this case to allay the vomiting, but was not followed by any good result.

Manaca. Chronic rheumatism: tried in eight cases. In only two of the cases was any benefit derived. We are now trying this drug in gonorrhœal rheumatism.

Vaccinium Crassifolium. Chronic cystitis: two cases; in one case marked improvement, in the other no benefit. We are much pleased with this preparation, and intend giving it a further trial.

Alstonia Constricta. Intermittent fever: seven cases, followed by excellent results in all. Chills of hectic fever: two cases; good results. We consider it superior to our "Hospital quinine."

Yerba Santa. Chronic bronchitis: three cases; only one improved. Cough of phthisis: two cases; no improvement. Laryngitis: one case; no improvement.

Ustilago Maidis. We have used this preparation in 30 cases of labor (third stage). Was used in 3 i doses. No cases of retained placenta during its use. Its advantages over rye ergot are, that it produces rythmical contractions of uterus and causes no nausea. Was used with success in one case of fungoid degeneration of uterus, attended with profuse hemorrhages. Was also used with success in one case of molar pregnancy. In this case it produced strong, natural uterine contractions. Psoriasis: one case; improved.

Coto Bark. Was tried in a number of cases of diarrhœa in which the ordinary remedies were of little avail, with invariably good results. Dysentery: one case; good result. One of the pleasantest vehicles for the administration of the above we found to be Port wine.

Grindelia Robusta. Asthma: two cases; slight improvement. Bronchitis. two cases; no improvement. In Cough of phthisis it was followed by some benefit.

Alstonia Scholaris. Was tried in malarial fevers (quotidian, tertian and quartan types) and in every case followed by success. In many cases 12 to 15 drops were given before desired effect of the drug was obtained.

Hyoscyamus Niger. Was used in the uterine

ward where there are a great many cancer cases. Its administration was followed by general relief from pain. Lumbar neuralgia: in one case which had resisted previous medication it produced decided relief.

Coca. We can report two remarkable cures of opium habit. Will send fuller account, if desired, in our next report.

Jamaica Dogwood. Two cases of chorea, in the adult, were decidedly improved by its use, after arsenic, tonic and other remedies had been given.

Caroba. Used in the form of ointment, equal parts of the fluid extract and simple cerate; two cases of obstinate syphilitic ulcerations were cured. Internal medication, of course, being kept up in the above cases.

Cascara Sagrada we have found useful as a laxative.

Emulsion Cod Liver Oil, Phosphorus and Malt. Was used in four cases of phthisis who were unable to take the plain oil. In no case did the stomach reject it.

Sanguis Bovinus Exsiccatus. Has been used in a large number of cases, generally per orem, and was followed by an increase in weight in almost every instance. In one case of stricture of œsophagus the patient was kept alive the last three weeks of his life by rectal alimentation.

Nitro Glycerine Pills. Angina pectoris: one case; good result. Cardiac pain: one case; good result. Facial neuralgia: in eleven cases; six cured, five improved. Some benefit followed its administration in every case. We consider it superior to anything we have used in the treatment of this affection.

Menthol has been used in innumerable headaches and has been followed by a cure, or at least decided benefit in every instance. We consider it a godsend.

In the administration of these preparations, in order to obtain their true therapeutical value, we have given them by themselves in every instance—*i. e.*, no synergist has been employed. The preparations have been employed, in almost every instance, in severe cases after the failure of other remedies.

JOHN WIGGINS, M. D.,
WM. C. HOLMES, M. D.,
B. WOOD, Jr., M. D.,
House Physicians.

CHARITY HOSPITAL, NEW YORK CITY, Feb. 9, 1881.

Reports on New Remedies.

From Private Practice.

[Written for the Therapeutic Gazette.]

Damiana, Grindelia Robusta, Rhamnus Purshiana.

By Willard H. Morse, M. D., Hinsdale, N. H.

"DO YOU believe in damiana?" That was a question that was asked me not long ago. It was as if some one had asked "Do you believe in eternal punishment?" To this last I would have said, "Eternal punishment is taught in my bible, and is a part of my creed. So I believe it." And to the first question I answer in the same way: "Damiana is named in my medical literature as having a certain value; and because of this reason, to it I subscribe my belief." But the questions of skepticism would next come, and it would be urged, "test a thing before you believe it. Do not depend too much on bible or dispensatory." And I would feel bound to answer, "As for the matter of eternal punishment, I prefer to let it rest as it is instead of a test! But in regard to damiana, I have tested it, and believe in it fully."

In saying this I wish to use a single qualification: I believe in a good article of damiana, and in no other. There are on the market several makes; with some of these I have had the experience of failure, but the damiana (fl. ext.) put up by Parke, Davis & Co., is the only one to which I pin my faith. It has never disappointed me if its administration has been rightly conducted. And here let me say that I have no doubt that those who condemn the drug frequently do so from only a partial or imperfect acquaintance with it. Not so with some other makes. I do not wish to be sweeping and condemn all, but I must say that after a fair trial, some of these have proved vexatiously disappointing. Had all of my knowledge of damiana been derived from them I should not have hesitated to hazard condemnation of the drug.

That it is the best of aphrodisiacs I cannot say. That there are older and better known medicines of this kind the profession will hold. Without controversy, I can say that damiana serves the purpose of its administration well, but in some senses there are better aphrodisiacs. Yet it may not be beyond question that damiana is destined to enter the front rank of the class of drugs to which it belongs. It has a strong influence on the urino-genital organs, especially in the male. Without naming any individual cases, I can say in its favor that it relieves sexual debility, rouses up anything like lethargy, and has a powerful control over impotency. Sexual atony, in both old men and young boys, is permanently relieved; and in the same sense it is true that if electricity cures this condition of the sexual organs, then is damiana curative. I would sooner trust it in some forms of atony.

Grindelia Robusta.—In simple asthma this is as excellent a remedy as we can use in connection with exact hygienic laws. A favorite prescription is:

℞ Ext. grindeliæ robustæ fl. ʒ j
Potassii bromidi, ʒ ij
Tr. nucis vomicæ, ʒ ss
Syrupi q. s. ad. ʒ iij.

Dose, teaspoonful once in three hours. As an ingredient in "cough medicines" it takes the place of opium in a measure, whenever that agent is indicated.

In vaginitis it will be found of value as an injection. I prescribe it:

℞ Ext. grindeliæ robustæ fl. ʒ j
Plumbi acetatis, ʒ ss
Aquæ, Oj.

M. Sig. Inject once or twice daily.

In laryngitis, grindelia robusta is soothing to irritation, but it should be remembered that there are cases where it is contra-indicated. If the lungs are clogged by mucous secretion the grindelia has a tendency to obtund sensation, acting much as it does in vaginitis.

Applied to burns it has a rational value, and has been recommended. I however direct that the burn be first dressed with bicarbonate of potash finely sprinkled over the surface. This serves to hea

nicely, but I do not employ it but once, treating the burn after that with applications of grindelia robusta well diluted. In the same way that it is applicable to burns, it merits attention as a local application to old and serpiginous ulcers. In such cases it promotes healing, provided of course that it is adjuvant to appropriate constitutional treatment.

Cascara Sagrada.—I can sincerely say that I have never met with a safer remedy than this for constipation. I have adopted it in my practice, and think as much of it as I do of any officinal drug. It could not be bettered. I admit that when I first took it up there were doubts in my mind as to its utility. But I have submitted it to the best tests, and it stands proven good. It is recommended in constipation where the secretions are deficient, but I employ it whenever I have a case of constipation to deal with. One case among many in which I used it was as follows: A., æt. 20, housekeeper. Had been habitually constipated for several years. Gave cascara, a teaspoonful every morning on an empty stomach. Result, after taking six ounces, re-establishment of perfect action of bowels. No return of the constipation.

[Written for the Therapeutic Gazette.]

Piscidia Erythrina, Stigmata Maidis, Nitro-Glycerine.

By S. A. Butterfield, M. D., Indianapolis, Ind.

I CANNOT refrain from giving my experience with piscidia erythrina, as I have found it more effective in certain neuralgic affections than any anodyne I ever used, its great recommendation being that it leaves none of the disagreeable or bad effects of opium and its alkaloids. In facial neuralgia and common tooth-ache, given by the mouth, it seems to be nearly a specific. As a relief to pain its use seems to be confined to cases of idiopathic neuralgia.

The following is an illustrative case: Since our return from a five months' visit, during last fall and winter, in southern California where my wife nearly lost her life from typhoid fever, she has been more or less constantly troubled with a gastro-enteralgia, which dieting would not prevent and which opiates would but temporarily relieve. In addition the opiates so constipated the bowels and impaired appetite (always deficient) that she would suffer long rather than use morphia. Finally I began giving her three times a day, a teaspoonful of fluid extract Jamaica dogwood when to our great surprise and joy in two days she was entirely relieved, appetite improved, and her health and comfort were better than for months.

My experience leads me to favor the administration of full doses of this drug to secure its characteristic anodyne effects. The remedy is an important one and I hope the profession will give it a fair trial and report their experience as to dose and effects.

Stigmata of Maize.—I have also tested this article. In one case in particular, a lady æt. 59, had had for several months frequent attacks of diminished or suppressed secretion of urine with painful micturition. For a time digitalis gave prompt relief and when it finally failed, its combination with sodium bicarb. would rouse the dormant kidneys, but after a few times this also failed. The pain in the loins clearly indicated renal congestion so that stimulating diuretics were out of the question. I had an intelligent druggist prepare a syrup of three ounces stigmata of maize to a pint of syrup and of this I gave a teaspoonful three times a day. Three or four doses were sufficient to produce a copious flow of urine entirely free from pain or burning.

My experience so far, leads me to regard the drug as one of our best diuretics, combining also properties which make it valuable in vesical or urethral catarrh.

Nitro-glycerine.—I would like to learn the experience of the profession in regard to the action of nitro-glycerine. I tried on myself a couple of pills for headache; they were P., D. & Co.'s 1-50 grain, but I cut them in two and so took 1-100 grain, one at noon and another same next morning. They acted promptly as a cathartic, with griping, which continued till I was compelled to take a dose of morphine. The headache was not relieved. To satisfy myself whether or not the medicine was the cause, after a few days I repeated it in the same way, and with precisely the same result. Now if that is the result of 1-100 grain, what might we expect from 1-50 grain? Experience has taught me that the remedy should be used with great circumspection, and that 1-100 grain is sufficient to begin with. I think nitro-glycerine a God send to homœopaths as they always want to produce a big effect with next to nothing. I know its physiological (may be pathological) action is given in the national dispensatory, the poor persecuted frog, dog and cat coming in for their full share of abuse; but no where have I seen an account of any purgative effects.

[Written for the Therapeutic Gazette.]

Jamaica Dogwood in Whooping Cough.

By J. F. Fitzsimmons, M. D., Bucyrus, Ohio.

MY attention was attracted to Jamaica dogwood by an article in the December number of the GAZETTE from the pen of Dr. R. W. Alexander, of Parkersburg, W. Va., in which he gave an account of his experience with the new remedy in whooping cough. From the success attending its use in his hands, I have been influenced to try it in two cases in my own family.

My two children, æt. 6 and 8 years, have had whooping cough for about eight weeks. The little girl's case has been unusually severe, and complicated with catarrhal pneumonia, gastric irritation, indigestion, constipation, prostration and irritability of the nervous system. The little boy's case has been much milder and uncomplicated, but at times the spasms of cough have been severe enough to produce vomiting.

I gave Jamaica dogwood a good, honest trial, commencing with twelve drops in syrup tolu every two or three hours, increasing the dose steadily to thirty-five and forty drops. Using glycerine instead of tolu, at first, I was hopeful and encouraged to continue in its use, believing it did in some measure control the violence of the cough. But more experience and observation convinced me that it would not do to depend on it, even in the

extra large doses that I used. That the medicine was genuine I have no doubt, as it was from the reliable firm of Parke, Davis & Co.

Having recorded its failure in two cases that were under my immediate observation, and in my own family, where I had every opportunity to watch and note its effects, I should not close this brief account and summarily declare Jamaica dogwood inert and useless, for I have used it in one case wherein it proved decidedly useful in relieving if not entirely curing. A patient, an aged lady who had suffered for four years, from migraine, and frequent attacks of neuralgia, weakened and much reduced from long suffering with asthma and chronic bronchial irritation: I commenced to use the Jamaica dogwood in this case for the purpose of relieving insomnia. I commenced with thirty drops at bed time. The patient most positively stated that her sleep was more quiet, and several hours more was had, the first night after taking it. The dose was increased to nearly one teaspoonful at bed time, and in about a week she expressed herself satisfied. Sleep and rest were nature's great restoratives in this case, and increase of strength naturally followed. But the pain was not entirely subdued, and something more was demanded. As the patient had a few years before contracted malarial fever, and had had occasional attacks of chills and fever afterward, it occurred to me that quinia or some preparation of bark might be profitably employed. Four grains of cinchonidia at 9 and 11 A. M., was given regularly for several weeks, and the result was entirely satisfactory to patient and doctor.

[Written for the Therapeutic Gazette.]

Liquor Ergotæ Purificatus, Manaca, etc.

By John G. McKenney, M. D., Montongo, Ark.

LIQUOR ergotæ purificatus I consider a very superior preparation of the secale cornutum. It has given prompt results in every case, inducing uterine contractions in both retarded labors and post partum hemorrhages, where a previously considered reliable fluid extract had failed on thorough trial. I shall order and use the preparation hereafter. Please inform me if you consider it safe as a remedy for hypodermic use. Has it been tested in this way?*

Fluid extract manacá produced good results in a case of chronic rheumatism, carrying a patient safely through the winter who has for several years been the victim of two or three subacute attacks, and who is now free from the annoying symptoms of chronic rheumatism. I shall not enumerate cases to which the different preparations have been given, but will say that berberis aquifolium and yerba reuma are good alteratives—the berberis for internal use and the yerba reuma as a local application, as in catarrh.

Thapsis bursa pastoris greatly relieved a case of vesical catarrh. Coto I find an excellent astringent, good in diarrhœa, summer complaint in children, etc. Rhus aromatica failed in case of incontinence of urine, (bed-wetting) in a child four years of age, but I think the quantity used, 1½ ounces, insufficient for a fair test.

Buckeye bark, fluid extract, and the euonymus atropurpureus (wahoo) fluid extract, gave good results in a case of constipation, torpid liver, with hemorrhoidal trouble, the patient not having to use any kind of medicine since this prescription was used, now six months.

Hamamelis Virginica, as a uterine tonic and alterative, greatly benefited a case of menorrhagia with irregular ovulation.

Having mislaid my notes of cases I cannot give a more detailed account of the action of these remedies. But as I am now procuring many of them from our druggists, will, from time to time, take pleasure in giving for publication notes of cases, results, etc. So far as I have tried them, however, my experience coincides in the main with the universal verdict, viz.: Properly used when properly indicated many of them are very valuable additions to our materia medica.

The cascara sagrada is a *sine qua non*. I have used it for two years in many cases of chronic constipation, and it has not failed in any case to effect a cure.

*We would answer the above query regarding the applicability of liquor ergotæ purificatus, in the affirmative.—Ed. Therap. Gaz.

[Written for the Therapeutic Gazette.]

Rhus Aromatica.

By James M. Hole, M. D., Salem, Ohio.

I DESIRE briefly, to communicate my views regarding the value of rhus aromatica as a remedy in affections of the genito-urinary apparatus of the human system. I have been using the drug in such cases occurring in both sexes, for a number of years, but more extensively since I have been able to procure the elegant and reliable fluid extract of it. The mere fact of disturbance of either kidneys or bladder, regardless of the nature of the disturbance, seems to be an indication for this agent. This is, of course, a somewhat singular statement, but my experience justifies me in making it. In retention of urine, in the irritability of the sphincter giving rise to involuntary urination, in painful micturition not associated with positively acute specific inflammation, in cases in which the urine is loaded with mucus and even pus, in all these conditions rhus aromatica is valuable, while its action in restoring tone to the sphincters places it very high on the list of remedial agents. I regard it as a great improvement over the old-time remedies in this condition, and physicians who allow their prejudices against a remedy because it is new to keep them from employing this one, are not giving their patients the best possible treatment.

The question of dose has an important practical bearing on the effects of the drug. I believe that as a rule too large doses of it are given in chronic affections, and at too long intervals. My rule is to give from three to five drops every two hours during the day, in a gill of marshmallow, flaxseed or slippery elm tea. Rhus aromatica has both a constitutional and a local action, the former being the more important and showing itself in the improved tone it imparts to the sphincters and mucous membrane.

[Written for the Therapeutic Gazette.]

Euonymus Atropurpureus (Wahoo.)

By A. B. Woodward, M. D., Tunkhannock, Pa.

I NOTICE in the January GAZETTE an article on "Euonymus At.," from Prof. Henning, which I endorse. Its effects on the liver are as certain as those of "irisin," and more persistent, acting as a sure deobstruent.

I have used the remedy, and have rarely been without it since 1851. It is one of the best remedies in the materia medica, when used in small doses, for certain indications, which are, torpidity of the mucous membrane, and liver, for hemorrhoids with torpidity of the peristaltic action of bowels, and in the "erysipelatous diathesis." Consequently it gives tone to the stomach and digestive functions. It stimulates secretion from liver and blood into the bowels, and perhaps cures hemorrhoids through such action, and in this action proves one of our best alteratives. It is as sure a remedy for hemorrhoids as any I ever used internally, leaving the bowels in a soluble condition after discontinuing its use. I think it superior to cascara sagrada for overcoming habitual constipation, for this reason: When the action (normal) becomes established, its use can be dispensed with, the bowels continuing to move regularly for a long time after, provided you obtain its full effect upon the liver and bowels, and their secretions fully established. I have cured some of the worst cases of hemorrhoids with this single remedy, and but few doses, they being small and often repeated. I find the euonymus Amer. to be equal in its effects to the euonymus atropurpureus, and either a special tool for the "vital force" to use in the certain conditions named.

Suffice it to say, it is a positive remedy, and should never be left out of our direct remedies, or its direct action forgotten by reliable therapeutists, who study the action of remedies in the system, and the conditions requiring them.

[Written for the Therapeutic Gazette.]

Coca in Alcoholism.

By Wm. H. Warner, M. D., Girard, Kansas.

A GENTLEMAN, æt. 30, commenced the drug business in 1871. Shortly after he suffered from an attack of pneumonia from which recovery was not satisfactory. Fearing consumption he took to whisky as a prophylactic. The desire for the liquor developed rapidly until he shortly fell into the habit of filling himself with whisky in the forenoon, and then going to sleep for three or four hours. After waking he would go to his store and to relieve the depression following his morning potations would drink from a pint to a quart during the afternoon. On going home in the evening he would take with him a quart of whisky as his nightly portion. This has been a confirmed custom for eight years; occasionally he partially suspends, but his reformations have been very brief.

For five or six years he has suffered severely from angina pectoris, necessitating a resort to the hypodermic use of morphia. When he first came under my care it was for the treatment of a "fit," in which he had fallen on a stove and burned himself severely. On the following morning he saw all manner of sights, rats, Chinese, snakes, etc. As soon as it could be procured I ordered the fluid extract of coca erythroxylon in tablespoonful doses, and withdrew all alcoholic stimulants. His symptoms began very soon to improve, and the improvement went on to complete convalescence.

The remarkable circumstance in the above case is that under the continued use of the coca the desire for alcohol has entirely disappeared and his at this writing, two months after his recovery from the delirium tremens, he is able to post his books and to give attention to his business. No words can express his sense of gratitude to me for having placed the coca in his hands.

(Written for the Therapeutic Gazette.]

Manaca in Rheumatism.

By Dr. L. A. Vawter, Greenfield, Ind.

SOME time since a sample of fluid extract of manacá was left with me, which I have used in two cases of rheumatism with more satisfaction than any drug I have ever exhibited in that disease. One case, that of a man some 60 years of age, with a severe type of chronic muscular rheumatism, I gave the manacá in eight drop doses four times a day, with no other remedy except warmth to the limbs, increasing my remedy three or four drops per day. Improvement began in 12 hours after beginning the remedy, and he improved finely for a few days, when my patient took a notion that he would get along without any more medicine. He found, however, that when he stopped his remedy improvement stopped. I induced him to begin the use of his remedy again. This was followed in the course of few hours by an amelioration of all the symptoms.

After this I used the remedy for two days and stopped it for one, when I found that the disease kept pace with the remedy—that when I kept my patient under the influence of the remedy, improvement was steady and marked, but when the remedy was withdrawn the disease was at a stand still.

[Written for The Therapeutic Gazette.]

Sanguis Bovinus Exsiccatus.

By O. J. Wesley, M. D., Bainbridge, N. Y.

BELOW I beg to give particulars of a case in which I used the new preparation, "desiccated blood," with good results:

Mrs. A. B., æt. 45, American, mother of two children, suffering from infiltrating cancer of some six months' duration, which was removed December 9th, 1880, under the influence of chloroform. After operation, hypodermic injection of one-fifth grain morphia was used, which produced extreme nausea, lasting between thirty-six to forty-eight hours, causing extreme straining and re-opening of wound, resulting in great loss of blood before asistance arrived. Upon my arrival I found the patient in an almost bloodless condition, and unable to retain anything upon her stomach with the exception of minute particles of ice. I administered beef tea, prepared from fresh beef, per rectum, with only partial benefit, and having had a sample of desiccated blood left me, prepared it as directed and administered two ounces at once, giving directions for further injection of the same quantity every

two hours. Upon my calling next day I was more than pleased with the change apparent. The patient's countenance had altered from a dull leaden hue to one nearly approaching that of health, and she reported herself as feeling stronger and better in every way. She continued the use of the blood until the stomach was able to assimilate food, and is now able to move around as before operation.

Abstracts and Translations.

[Abstract from Louisville Medical Herald, Aug. 1880.]

Sulphate of Duboisia and Atropia in Ophthalmic Practice.

In the Medical Herald for August, 1880, appeared an elaborate article on the foregoing subject from the pen of S. D. Risley, M. D. The object of the paper is to compare results obtained in cases treated with duboisia with former experience in the use of sulphate of atropia. The following is an abstract of the truly valuable contribution:

On the 1st of June, 1879, I began the use of the new mydriatic in private practice, prescribing it for all the purposes for which I had before used atropia—in fact displacing the old mydriatic by the new, both in the treatment of inflammatory troubles and for paralyzing the ciliary muscle for the correction of refraction errors. For the latter purpose alone I have, up to the present time, employed it in 243 cases.

The use of atropia in ophthalmic practice was attended with serious inconvenience to the patient suffering from asthenopia, consequent upon anomalies of refraction. It was claimed that its application even in healthy eyes, was followed by increased intra-ocular tension, even to well defined attacks of glaucoma in some instances.

The means at hand for determining slight degrees of varying tension are so inadequate that statements regarding the invariable increase of tension by the use of atropia must be accepted with caution. I am free to confess that I have never been able to demonstrate to my own satisfaction any increase of tension following its use in normal eyes. In a doubtful case it not unfrequently happens that two equally competent and experienced men will differ in judgment as to the state of tension in the eyeball. It is probable, furthermore, that in healthy eyes the tension differs with varying degrees of arterial pressure. That the cases of so-called healthy eyes, in which the glaucomatous process has been originated by the use of the mydriatic, have been eyes already affected by some one the insidious forms of the disease, is at least probable. The fact, however, is well established that in certainly glaucomatous eyes the atropia is a most dangerous agent. In the daily routine of private work I have corrected over 900 cases of refraction error under atropia, and I am not aware of any injury resulting from its use.

The necessity for this method in the correction of the anomalies of refraction and accommodation is a conviction which has become more deeply rooted with enlarging experience in its employment. Under the use of atropia the ciliary muscle is paralyzed, its constant action on the choroid is dismissed, and the retino-choroidal irritation, caused by the undue strain upon the ciliary muscle, and the discord between the accommodation and convergence, which is introduced by the errors of refraction, very rapidly subside.

Hypermetropes not unfrequently, by spasm of the ciliary muscle, simulate myopia. The only means at our command by which all uncertainty can be removed, is in the use of some agent to paralyze the accommodating muscle, which otherwise must stand as an unknown quantity to vitiate results. This necessity is, however, an unfortunate contingent. The use of any agent which, for the time, removes the power of adjustment is a very inconvenient one to the patient. The annoyance from the blurred sight continues for from ten days to three weeks after omitting the atropia. In eighty cases selected consecutively from my private case-book, being the last cases treated under atropia before adopting the duboisia in its stead, the average time the atropia was used was five and a quarter days, the shortest time being one day, four instillations; the longest sixteen days. The invariable method of using it was a drop or two of a four-grain solution instilled into each eye three times a day. It was very rare to find the muscular power restored before the tenth day, and very frequently a longer time than this was required. Ordinarily in from seven to ten days patients are able to read very coarse print, or their own handwriting when held far from the eyes. If the effort to read was persisted in the eyes soon tired and the page blurred again.

The greatest drawback to the use of atropia sulphate was its tardy action in paralyzing the power of accommodation, and the persistency of its effect. Any drug which would accomplish this purpose more rapidly without danger, and withal resign its control more quickly than the atropia, would be more valuable, in the same proportion in which it possesses these advantages. That the sulphate of duboisia possesses in a high degree these advantages is borne out by experience in its use in 243 cases of refraction error.

My own observations regarding the rapidity of its action over the pupil and accommodation have accorded in the main with the published results of other observers. It was hoped that in the new mydriatic we had found a drug which in a very short time—that is, in a few hours—would paralyze the accommodation and admit of a speedy determination of any existing error, thereby saving valuable time both to patient and surgeon. In this hope I have been disappointed, except in a few cases where the retina and choroid had not suffered from the accommodative strain. In the majority of cases applying for relief from eye-strain there will be found to be more or less hyperæmia of the end of the optic nerve and irritation of the retina and choroid. In such cases it is futile to hope that any agent will in a few hours produce the requisite quietude in the ciliary muscle. It is probable, furthermore, that such a result is in many cases not desirable, the continued use of the drops being necessary until the retino-choroidal irritation shall have subsided. The stronger solution (gr. jv to fl. ℥ j), with only a few exceptions, caused giddiness,

weakness in the knees and a desire to sleep, attended in some instances with halucinations. Since the first few weeks of my experience with the duboisia, a solution of two grs. to fl. ℥j, has been invariably employed. Solutions of this strength were used with the same impunity I had before used the four-grain solution of atropia. A number of times patients have complained of being giddy within ten or fifteen minutes after the first instillation. I believe this to be due to the rapid or sudden action over the pupil and ciliary muscle, and not to any constitutional impression, since it disappears with equal rapidity and is not experienced afterward. The weaker preparation of duboisia has proved more rapidly effective in paralyzing the ciliary muscle than the four-grain solution of atropia, and has caused less inconvenience to the patient from the constitutional impression of the drug. A medical student who had a few months before suffered great inconvenience from the constitutional effect of the belladonna was able to use the duboisia solution five days, three times daily, without constitutional symptons, and very positively expressed himself in favor of the latter. The average time required for the use of the duboisia sulphate in the first 140 cases was three and a quarter days, while it was required to use the atropia solution in a like number of cases, five and a quarter days. After the use of atropia, ability to read is not secured until from the seventh to the tenth day, or longer, while after duboisia the morning paper can be read in from two to four days, and the accommodation is fully restored on the sixth or seventh day, even after its use has been continued for many days. No accurate record was made of the state of the pupil, but I have the impression that the function of the ciliary muscle is recovered sooner than the iris is restored to its normal condition. The opposite is undoubtedly true regarding atropia.

My impression is that the duboisia causes more conjunctival irritation than the atropia. It is quite common to hear the complaint, after a few days, that the drops cause smarting, when at first they had not done so. In most cases no difference was noticed by the patient regarding his immediate inconvenience. One gentleman, however, asked me if the same drops had been used that I had applied one year before. He voluntarily stated then that he discovered to his surprise that on the second day after the drops were stopped he could sign and read a check very comfortably, and on the morning of the third day boasted of being able to read his newspaper, which he was quite sure he could not do before—*i. e.* under the atropia—inside of ten days. He had also at first been made very uncomfortable by the atropia, and had noticed no difference in this respect from the dnboisia. A careful study of the individual cases has shown that the average time as stated above—viz., three and a quarter days—required to use the duboisia is very much too high.

Thus, for example, the drops were used:

28 days in	1 case.	
14 "	1 "	
11 "	1 "	
7 "	2 cases.	
6 "	4 "	
5 "	10 "	
4 days in	11 cases,	
3 "	28 "	
2 " or less	23 "	

If we exclude from the table those cases in which the use of drops was prolonged because of retino-choroidal disturbance, and make due allowance for a number of cases living away from the city, in which an earlier visit would have shortened the time during which the drops were used, the average time in healthy eyes will fall to about two days. It will be seen, then, that the duration of the treatment in all ordinary cases of refraction error will fall within one week, counting from the first instillation of the duboisia to the return of the accommodative function; whereas under atropia from two to three weeks were required.

The protracted use of the former drug did not seem to cause any variation in the duration of its effect over the functions of the ciliary muscle after stopping its use. In the treatment of inflammations of the conjunctiva, cornea, and iris, duboisia has proved quite as efficacious as atropia. On the introduction of duboisia into ophthalmic practice a very interesting inquiry presented itself, viz.: Would the new mydriatic be equally dangerous in glaucomatous eyes? I am fully aware of the small value to be attached to a single case regarding the action of any drug, but I beg to refer to a case which I had the good fortune to have, in which glaucomatous symptoms were very markedly prominent, the suffering being intense and the danger imminent, that gave me the opportunity to compare the two alkaloids. Atropia was used in the beginning of the treatment with apparently good results, but through relapses the diseased condition became much aggravated, and it was then found that it had to be discontinued, as it was clearly evident that it made matters worse. Discovering on trial that the use of duboisia led to a decided improvement each time it was employed, it was finally prescribed exclusively, recovery speedily following; which I believe justifies me in asserting that in this instance duboisia exhibited a very important advantage over atropia.

In two cases of chronic irido-cyclitis I have used the duboisia without any increased tension following, but atropia has been used in a great number of similar cases without producing ill results.

From the foregoing the following conclusions seem justifiable:

1. That in solutions not stronger than two grains to the ounce duboisia sulphate is free from danger.

2. That the two-grain solution of duboisia sulphate more rapidly paralyzes the ciliary muscle than a four-grain solution of atropia sulphate.

3. That the duration of its effects is less than half that of atropia sulphate.

4. That the preparations now in the market are more liable to irritate the conjunctiva than neutral solutions of sulphate of atropia.

5. That in the treatment of inflammations of the eye duboisia is quite as useful as atropia, and may therefore be used as a substitute.

[Translated for the Therapeutic Gazette from the Gazette de Hopitaux.*]

Itch.

If any one desired to have a history of itch it would take all the time of the conference. The treatment has been revolutionized. The hospital of St. Louis was filled with itchy people. Many halls were consecrated to itch. Barin—by admirable study—reduced the treatment to four days. After him, Hardy reduced it to one hour and a half—and thus it is, itch is no more admitted to hospitals.

The rapid treatment of itch is vulgarly called the *rub*. It is divided into three parts. The naked person is rubbed from head to foot with black soap, the first half hour. He is then plunged in a warm bath and washed with black soap for half an hour. At the end of the bath the body is rubbed over with Helmerichs' alkaline-suphurous pomade. The patient puts on his clothes without wiping dry, in order to keep the pomade on his skin for twenty-four hours. While in the bath, the clothes are washed and renovated by heat of 120°, and exposed to fumes of sulphur. The object of the soap and warm water is to soften the skin and open the recesses wherein lurk the insects, which are killed by the parasiticide pomade. Thanks to this treatment, 40,000 persons are annually cured.

The objections to this treatment are that it is somewhat injurious. Eczema of the scalp is sometimes produced, and toilet soap answers as well. The pomade of Helmerich is also too irritating. Dr. Hardy has modified it as follows:

Suet, ʒ iij.
Sulphur, ʒ iv.
Sub-carb pot., ʒ ij.
M.

A better powder still is made as follows:

Glycerine, ʒ vj.
Gum tragacanth, gr xv.
Flowers of sulphur, ʒ iij.
Carb. soda, ʒ jss.

Perfumed as desired.

The pomade ought not to continue on the body more than twenty-four hours. Then another bath, with fresh clothing, change of bedding, etc. During the following week he should use emollients of powdered starch, or a glycerite of starch.

[Translated for the Therapeutic Gazette from l'Union Medicale, Paris.*]

Hydrate of Chloral.

Therapeutists of late have been engaged in providing substitutes for opium, and we find such a substitute for it in some degree in hydrate of chloral. The congestive effects of on the nervous centers—and when the cases were opium have long been known—acting directly inflammatory, the use of this drug became difficult and rendered watchfulness very necessary. Since the introduction of chloral in such cases the good effects have been marvelous. It has little or no effect on the circulation, even in the largest doses. During several months on the plains of Indiana, spinal meningitis was very prevalent. This disease manifested inflammatory symptoms from its commencement, which necessitated full and copious bleeding. The first symptoms were followed by nervous symptoms, which were combated with large doses of chloral and bromide of potassium—but chloral in particular—in doses of 100 grains of chloral and 33 grains of brom. pot.—one dose sometimes being sufficient to overcome the disease. Opium cannot be employed in large doses to overcome the nervous symptoms without increasing the inflammatory congestion. In regard to cathartics the old practice has been superseded, and any drug acting on the portal circulation has been found beneficial.

*Translated by C. R. Cullen, M. D., Richmond, Va.

[Translated for the Therapeutic Gazette from the Journal de Pharmacie, Alsace, Lorraine.*]

Explosive Medicines

1. Hyposulphite lime, 50 centigrammes, chlorate pot., 3 4-5 grammes, lactate iron, 30 centigrammes.
2. Solution of glycerine, 8 grammes, chromic acid, 4 grammes.
3. Chlorate pot., tr. perchloride iron and glycerine.
4. Chlorate pot. and cashew in tooth powder, often times produce explosions in the mouth.
5. Pills composed of oxide of silver, frequently prescribed in England in stomach affections, often explode in the pocket.
6. Pills of permanganate of potash in extract of millefolium, pills of permang. pot. and of iron, pills of sulphur covered with antimony, and chlorate of soda, during or after their administration.

As resulting from the above, glycerine ought not to be associated with articles oxidised, as chromic acid, chlorates, permanganates, and certain organic acids.

[Translated for the Therapeutic Gazette from the Bulletin de Therapeutique. Article by Dr. Luton.*]

Alcoholism.

Strychnine is almost a physiological antidote of alcohol, from the antagonism of one to the other. Strychnine antagonizes alcoholic inertia by stimulation. It is par excellence the excito-motor of the nervous centers. It is ordinarily given in too small doses. As a hypodermic injection there is nothing to fear in giving half a centigramme (1-12 gr.) at a time, and two or three times during the day. Internally the dose is 0.03 gramme of sulphate of strychnine several times during the day, or 0,15 to .20 extract of nux vomica, or 4 to 8 gtts. of the alcoholic tincture.

The researches of Dr. Richet appeared to establish that the danger arose less from the intoxication of the nerve centers than a direct blow to the laryngeal respiratory muscles in tonic spasms, and the result is that artificial respiration is the principal remedy for strychnine intoxication.

In delirum tremens hypodermic injections ought to be repeated even to the commencement of tetanism. With severe alcoholism, some drops of the tincture in wine at the commencement of a meal. The author does not doubt the preventive action of strychnia.

* Translated by C. R. Cullen, M. D., Richmond, Va.

[Translated for the Therapeutic Gazette from the Journal de Medicine.*]

Taking Cold by Infants.

Colds are frequently observed, in town and country, and in hospitals, and the results are the same, though the cause may be different. In an infant under 18 months the attack is generally angina, though times, it is a laryngitis. It also has indigestion, and its results, vomiting, diarrhœa, and sometimes an attack of syncope. If the attack is slow, fever may be observed, gastric disturbance, diarrhœa, pharyngitis, all accompanied by coryza, without the bronchial tubes being affected. All these symptoms are due to taking cold, and the state of the pulse is the first thing to notice.

To prevent these attacks, children should go out of doors in good weather, a little while at a time, but not after fever has been observed.† The treatment is on general principles according to the symptoms and the organs attacked. If mild, a little alcohol in spiritus Mindereri.

[Translated for the Therapeutic Gazette from the Nouveau Journal Medicale.*]

Heart Diseases by Regimen of Milk.

Potain lectured on the action of milk in the different affections of the heart:

1. Organic diseases; 2, primitive nervous affections; 3, acute inflammations of the heart; 4, simple hypertrophy.

The milk diet is particularly efficacious in the secondary maladies of the hearty hypertrophy or simple dilatations having a venal or gastric origin. It modifies the state of the kidneys and stomach by bringing these organs to a state of rest. It often benefits in simple palpitation (reflex) originating with the stomach. Milk is also beneficial in dropsy, especially with torpid kidneys.

Dr. Maurel, of Cherbourg, uses milk in marine hospital practice in diarrhœa and dysentery, and he finds two litres (two pints) or three at farthest, more efficacious than the five or six formerly given.

[Translated for the Therapeutic Gazette from the El Boletin de Medecina (Jaen).*]

Pilocarpin in Intermittent Fever.

1. A person of 30 years of age had suffered from this disease, and had intervals of 15 or 20 days from the use of quinine. His ague generally lasted six hours. Injections of pilocarpin were made, one centigramme of chlorohydrate pilocarpin, and the attack succeeding was of short duration. Two days after another injection was made of 15 milligrammes, with fever still lessening. Two days after another injection of two centigrammes were given, and the fever was stopped permanently.

2. A second case of 31 years of age, had the symptoms of intermittent fever. Quinine in large doses were freely given, with some reduction of fever, but no cure. The chlorohydrate pilocarpin was used in a similar way as before, and with the usual results, vomiting, salivation and perfect cure of the disease.

3. Another case of 40 years of age, had suffered the whole summer. No treatment cured it. The chlorohydrate pilocarpin was used as before, two hours before each attack, and a cure was effected, as in the former cases. Two other cases were similarly treated and cured.

*Translated by C. R. Cullen, M. D., Richmond, Va.

†Note.—In houses with open floors, or with cold winds blowing under them, children often take cold by sitting on the floor—a more frequent cause than any other in country practice.

[Translated for the Therapeutic Gazette. Article by Dr. Maurel.*]

Clinical Experiences with Diuretics.

1. Nitrate of potash uncertain, because of quantity of water. It augments the solid constituents materially. Active dose 1 to 4 grammes.

2. Chlorate of pot. similar, though less active than nitrate pot.

3. Acet. pot. doubly uncertain, from quantity of water.

4. Iodide pot. diminishes diuresis.

5. Salicylate soda also uncertain from quantity of water, and increases solid matter.

6. Of three vegetable drugs, digitalis, colchicum and squills, the first only is diuretic. It increases the quantity of urine and solid matter also.

7. Colchicum acts slightly on the kidneys.

8. With squills there is a great diversity in results. Dr. M. thinks it slightly diuretic.

[Translated for the Therapeutic Gazette from the Revista Madrid.*]

Labor with Rigid Uterine Neck.

A woman of 46 years of age, robust and free from sickness till the second year of her marriage, when she became pregnant and went to the end of her pregnancy, with the usual course. Pains were strong, the water broke, but the neck of the womb was rigid and no efforts to dilate were successful, and without dilatation death was certain. An operation to divide the longitudinal fibres of the neck was necessary, and two incisions were made in the right side and two in the left and two posteriorly. The cutting seemed to be as hard as fibre cartilage, and similar in structure and color. The results were all favorable for a speedy delivery and a happy recovery.

Cystitis.

In a very complete article on cystitis in the Declimnaire Encyclopedique, Dr. Chauvel indicates the following preparations, which have been tried with goood results:

Turpentine, 15 grammes.
Camphor, 1 gramme
Extract of hemlock, 15 centigrammes.

Take a particle as large as a cherry in unleavened bread, morning and evening. Also an old prescription of uva ursi and pareira brava.

[Translated for the Therapeutic Gazette from Petit Moniteur de la Medécine.*]

Precocious Persons Born with Teeth.

Marcus Annus Curius, conqueror of Pyrrhus (274 B. C.), Cneius, Carbon, Louis 14th, Mirabeau,

*Translated by C. R. Cullen, M. D., Richmond, Va.

and the late distinguished Broca, were born with teeth. In spite of these illustrious examples, Isadore Geoffrey St. Hilaire has proved that every anomaly of precocious development constitutes a chance of short life.

[Translated for the Therapeutic Gazette from the Revue de Therapeutique..*]

Night Sweats in Infants.

℞ Prussic acid, dilute 8 drops.
Simple syrup, ʒ jss.
Distilled water, ℥ ij.
M.

One teaspoonful in tea every four hours. Increase the dose if necessary.

[Translated for the Therapeutic Gazette from the Journal l'Algeria.*]

Re-establishment of the Secretion of Milk.

Drs. Boucher and Fossaquies have used successfully the castor oil plant. The leaves are boiled or steeped in hot water and applied to the breast, in the form of a poultice.†

[Translated for the Therapeutic Gazette from the Gazette Hebdom.*]

A Cause of Death by Submersion After a Repast.

In two unfortunate cases there were found particles of food in the small bronchial ramifications. Pressure of water upon the abdomen and the effort of swimming produces a sensation of sea-sickness, bringing on nausea and vomiting. Food and water penetrate the respiratory tract and obstruct them, and even if removed immediately life is seldom restored.

Correspondence.

Replies.

Lycopus Sinnatus.

S. H. WARSABO, M. D., Coldwater, Michigan.—The specimens enclosed consist of the stems and fruits of Lycopus sinnatus, Ell., which goes by the several common names of Bugle-weed, Gipsy-wort, and Water Horehound. The species as now limited includes Lycopus Europæus, L., of Gray's Manual with its varieties *integrifolius* and *sinnatus*. The true L. Europæus, according to Gray, "occurs as a ballast-weed at Norfolk and Philadelphia," and is probably not yet naturalized from Europe, while L. sinnatus, the American species, occurs throughout this country from Canada to Texas, and westward to California and Oregon. It is to be distinguished from L. Virginicus, L., which occurs through nearly the same range of territory, by its greater height, more deeply incised leaves, longer and sharper calyx-teeth and other less prominent characters for which the Flora of N. America or any of the manuals of botany may be consulted. L. Virginicus is stated to be "a sedative to the heart, and a tonic to the digestive apparatus" and to "produce the happiest effects in hæmorrhages." At the same time such competent authorities as Stillé and Maisch pronounce it of very doubtful value, although it is still given a place in the National Dispensary. The two species, L. Virginicus and L. Sinnatus, so closely resemble each other as to suggest identical properties, but this fact so far as we know, has not yet been proven.

*Translated by C. R. Cullen, M. D., Richmond, Va.

†NOTE.—This was reported many years since as being done in Brazil, where girls never pregnant were made to furnish milk to infants needing it.

On the Most Sensitive Reagents for Poisons.

Prof. Rosebach's article in a recent number of the GAZETTE contains an idea on this subject that will be grasped with delight by anyone who has ever wrestled with the uncertainty of chemical tests for minute quantities of the alkaloid poisons. The ease with which it may be applied being also in its favor, and a prospect of detecting a characteristic reaction from a solution of strychnia concontaining only one part in 15,000, caused me to try it at once. I was much disappointed to find that the infusoria lived and thrived in solutions of more than ten times this strength. To produce a change in their characteristic movements, swelling of the body and death, required solutions of the strength of one grain to the ounce, and then it took place but slowly. Carbolic acid produced more active results, and the bichromate of potash test will detect less strychnia. The animalcules were obtained from an infusion of hay that had been exposed for a few days. Similar results were obtained from atropine, eserine and curare. It may be that the infusoria are more hardy here than on the other side of the water.

A. E. ROCKEY, M D.

IOWA CITY, Iowa.

Gonorrhœa Specific.

In reply to Dr. F. M. Moore for a "Gonorrhœa Specific" I will state that the following treatment has given uniform good results in a large number of cases. In the inflammatory stage I direct:

℞ Sodii et pot. tart., ʒ iv.
Potassii acetatis, grs. xv.

M. ft. pulv.

To be taken in a tumbler of water immediately and repeated if the bowels do not move freely in 12 hours.

Then I direct the patient to insert in the urethra, mornings and nights, one of the following suppositories, (which should be made as thick as lunar caustic pencils and one and one-half to two inches long):

℞ Plumbi acetatis, ʒ j.
Ext. belladonnæ, grs. x.
Oil theobromæ, ʒ j.

M. ft. mass. et div. in suppositories No. 10.

I order one-third grain morphiæ sul. to be taken at bedtime.

This treatment will have equally good results in the non-inflammatory stage.

In continued discharge after the inflammatory stage has ceased (gleet) I add to the above treatment, not giving the morphia sulphate at bedtime, the following:

℞ Potassii iodidi, ʒ j.
Potassii bromidi, ʒ iij
Potassii acetatis, ʒ jss.
Syr. aurantii cort., ℥ j.
Aquæ, q. s. ad. ʒ iij.

M. ft. sol.

Sig.—Take teaspoonful every four hours if not sleeping.

This treatment has proven in my hands as near a "specific" as I wish for. Secondary complications such as orchitis, gonorrhœal rheumatism, etc., require special treatment, but in uncomplicated cases this has given me the most satisfacory results.

L. A. WOHLFARTH, M. D.

ROSEDALE, Kansas.

In connection with the above we also give the following which has a business ring in it:

In the February number of the THERAPEUTIC GAZETTE a prize is offered of $100 by Dr. P. D. Winship, of Paris, Tenn., for a specific for gonorrhœa under the following conditions: 1st. After the first five days after the inflammatory stage has set up. 2d. In non-inflammatory gonorrhæa after the first week. 3d. In continued discharge, after the inflammatory stage has ceased. We want to give notice to the doctor to appoint his adjudicators, put up the money, and we are on hand with others.

J. B. SPRAGUE, M. D.

SPRINGFIELD, Ill.

Iodine and Turpentine Mixture.

When iodine is added to turpentine, what have we, a solution or a decomposition, and if a decomposition what is it, and what is its therapeutical properties or action?

T. C. EAKIN, M. D.

COLUMBUS GROVE, Ohio.

[Iodine can be dissolved in turpentine without producing decomposition, if added very gradually and in a finely divided condition, provided the mixture is kept cold. The solution has a dark green color when fresh, but is not permanent; decomposition speedily ensues, especially if the mixture is allowed to regain a temperature of even 60° to 70°. It is also probable that light has an influence in hastening decomposition. The portion of iodine added, undoubtedly influences the nature of the dcomposition. If an excess be used, a violent evolution of gas results, with production of violet vapors from volatilization of the iodine by heat. An acid resin remains behind, and also organic compounds containing iodine, but the exact nature of the product has not, so far, been ascertained. We know of no therapeutic application of the remedy in combination with turpentine, although oil of juniper berries has been used as a solvent of iodine for external application, the mixture possessing the advantage of not staining the skin.

ED. THERAP. GAZETTE.]

Nux Vomica in Acute Dyspepsia.

In August, 1880, was called to a lady in Gilmer Co., Ga., confined to bed four weeks during which time she had been growing weaker daily; stomach had not retained food for ten days; had a constant and severe pain in head; paroxysmal dyspnœa several times daily and very severe; burning pain of stomach; congestion of liver; constipation; cold hands and feet. She had been told by an attending physician that she must die, as he had done all he could; every dose of his medicine produced violent emesis, and leaving nausea till next dose. I found the following distinctive symptoms, viz.,* a white circle on upper and lower lip, and tenderness of the umbilical centre, with nausea; mucous membrane of the roof of mouth, and embracing the fauces, and gums decidedly white colored with purplish spots.

I gave sodium bicarb, combined with rhubarb and peppermint, hourly, alternated with drop doses of a saturated tincture of nux vomica. In eighteen hours she was out of bed, ate quite a moderate breakfast, no pain of head, stomach quieted down, bowels moved aright, and the first day had but two very slight attacks of dyspnœa, and the second day only one. Her usual health was fully established in a week, as after the first day I put her on a catalytic alterative.

G. H. BINKLEY, M. D.

QUEENS, Tenn.

A Peculiarity of Cascara Sagrada.

My experience with cascara sagrada has been peculiar, but perhaps my mention of it may lead to its notice by others. I have found it to work like a charm in patients with light hair, eyes and complexion, but in patients of dark complexion, hair and eyes, it has been found useless. In every case of constipation which I have treated with this remedy since I made this observation, it has succeeded in the light complexion but has failed in the dark.

L. V. P. BOYLE, M. D.

WASHINGTON, Iowa.

Prescription Department.

AT the suggestion of subscribers to the journal we have opened this special department which it is intended shall be devoted to remarks on prescription writing, the discussion of incompatibles, etc., and the publication of such formulæ as our readers may have found valuable in particular affections. With the coöperation of all interested, we think it possible to make this department mutually profitable. While we by no means endorse the indiscriminate use of ready-made formulæ, the experience of practical men will bear us out in saying that as guides in particular cases they are frequently of great value. Many of our readers have subjected combinations, of the newer remedies to adequate therapeutic tests, and we are convinced that their communication of the formulæ which they have found valuable would meet with very general favor.

As an appropriate opening of this department we have requested of Prof. Mulheron an abstact of his lecture on prescription writing delivered before the class of the Michigan College of Medicine, to which request he has kindly acceded:

"Success in practice is frequently conditioned on apparently insignificant circumstances. It is not always the physician who is best versed in the essentials of medicine who succeeds best in developing a lucrative practice. It is in the practice of medicine as it is in all other walks of life: the little things are all-important. Among the little things having their influence on the estimate which the community will form of the doctor is the manner in which the latter writes his prescription. The opinion which the educated gentleman forms of his medical adviser is not apt to be improved should be in scanning the prescription left with him, find in it a violation of all the rules with which he is familiar. He is apt to reason from what he does know about that regarding which he is ignorant. The druggist, too, is an important individual, in smaller places particularly, and he takes his measure of the new doctor very largely from the style of his prescription. It will become you not to lower yourselves in the estimation of the druggist.

Custom has brought the term "prescription" to mean something different from what it meant originally. It is a word compounded from the two Latin words *præ* and *scribo* and therefore means, etymologically, a "something written beforehand." It was formerly the custom for physicians to have on hand a number of formulæ (written before hand) from which they selected for cases as they presented themselves. A prescription now means, literally, the directions, written or verbal, which the physician gives the druggist for the preparation of a medicine. Although given to the patient he should only be regarded merely as its bearer to the druggist, and the claim of the patient's ownership of it should always be combated.

Prescriptions, that is the body of them, should invariably be written in Latin. A number of reasons might be urged for this, the chief of which are: Latin is the more universal scientific language; educated men of nearly all nations are versed in it; and it is the language in which the pharmacopœias and dispensatories record the names of drugs. By its use, therefore, the Englishman may easily read the prescription of the German or the Frenchman, and *vice versa*. Better, however, use good English than bad Latin, and whether you employ English or Latin let it be either throughout; nothing is more to be deprecated than a mixture of English and Latin in the same prescription.

The body of the prescription is to be written in the genitive case (corresponding with the English possessive) the "℞" (recipe, "take of") governing the genitive. This grammatical requirement is the cause of much perplexity to those whose knowledge of Latin is deficient. For the benefit of such a few rules may be laid down by the aid of which a very superficial knowledge of Latin will be sufficient to enable one to write a correct prescription. These rules are very conveniently formulated by Dr. Gerrish in his manual on prescription writing. Very few verbs are employed, and these being instructions to the druggist are in the imperative mood. The following list comprises them nearly all: *Recipe*, take, *Misce*, mix, *Signa*, mark or label, *Fiat*, let (it) be made, *Fiant*, let (them) be made, *Adde*, add, *Bulliat*, let it boil, *Cola*, strain, *Divide*, divide, *Solve*, dissolve, *Tere*, rub. The prepositions in most common use are *cum*, with, *in*, in or into, *ad*, to or up to, *ana*, of each.

There are five declensions or methods of forming cases in Latin, and each declension has six cases, but as there are no pharmacopœial words in the fifth declension, and as only the three cases corresponding with the nominative, possessive and objective (nominative, genitive and accusative) are employed it will not be necessary to consider more than four declensions and three cases.

All pharmacopœial nouns (excepting physostigma) ending in *a* are of the first declension and feminine gender, and their case endings are, in the singular, *a*, *æ*, *am*; in the plural, *æ*, *arum*, *as*. Example: Singular, nom,, ros*a*, gen., ros*æ*, accus., ros*am;* plural, ros*æ*, ros*arum*, ros*as*.

All pharmacopœial nouns (excepting *rhus* and the four nouns of the fourth declension) are of the second declension, mostly of masculine gender and are formed like *Rubus;* thus, singular, rub*us*, rub*i*, rub*um;* plural, rub*i*, rub*orum*, rub*us*.

Declinable pharmacopœial nouns having other nominative endings than *a*, *us* and *um*, are, with few exceptions, of the third declension and mostly of the masculine and feminine gender. They are declined like *Liquor:* Singular, liquor, liquor*is*, liquor*em;* plural, liquor*es*, liquor*um*, liquor*es*. Some are of the neuter gender and are declined like *Marmor:* Marmor, marmor*is*, marmor; marmor*a* marmor*um*, marmor*a*.

Four pharmaceutical nouns ending in *us* are of the fourth declension and are formed like *fructus:* Singular, fruct*us*, fruct*us*, fruct*um;* plural, fruct*us*, fruct*uum*, fruct*us*.

The following table will show at a glance the endings of these three cases in both numbers of all four declensions:

SINGULAR NUMBER.

	1st declen.	2nd declen.	3rd declen.	4 declen.
Nominative..	a	masc. us neut. um	mas. fem. neut. (various.)	us
Genitive.	æ	i	is	us
Accusative ..	am	um	em. Like nom.	um

PLURAL NUMBER.

Nominative..	æ	i a	es a	us
Genitive ...	arum	orum	um	uum
Accusative...	as	os a	es a	us

The plural cases are very seldom employed. The ablative case occurs in the pharmacopœia only after the position *cum*, and then only as follows: *cum creta* (with chalk), *cum calce* (with lime), *cum cantharide* (with cantharidis), *cum hydrargyro* (with mercury). *Cum semisse* (with a half) is often used in prescriptions.

A prescription is divisible into the superscription, the inscription and the subscription. The superscription is the sign "℞" which, being interpreted, means, as we have already said, *recipe*, "take of,"—the imperative of *recipere*. The origin of this sign has been traced to various sources by philologists. It was the custom of our forefathers, away back in the misty past, to invoke upon all important undertakings (and the writing of a prescription is important) the blessing of their tutelar

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divinity. The Olympian Jove—Jupiter—stood very well with the Greeks, and they prefixed his monogram ☧ to their prescriptions. When Christianity took the place of paganism it was decided that all reminders of the heathenish religions be removed, and many were the superscriptions suggested as substitutes for the symbol ☧. Accordingly we find in different ages *A και Ω*, Alpha and Omega, (the beginning and the end), D. J. *Deo Juvante* (God helping), C. D., *Cum Deo*, (with God), C. D. T., Cum Deo Trino, (with the Triune God), J. ., J Jesu Juvante (Jesus Assisting), †, the simple sign of the cross of Calvary, taking the place of the symbol of the great Olympian thunderer. The custom of physicians had, however, become so thoroughly fixed that in spite of its reminder of the pagan religion the little sign was never at any time completely discarded, although it underwent various modifications until finally the ☧ became our ℞, which is probably destined never to be supplanted by any other sign as the superscription of a prescription. This is I believe the more generally accepted origin of the ℞. Whether correct or not it has at least the merit of being as plausible as any of the theories suggested.

The inscription is the body of the prescription and is divisible into the several subdivisions suggested by the purpose for which the prescription is written—this purpose being clearly expressed in the Latin maxim, *Curare cito, tuto et jucunde*, "to cure quickly, safely, and pleasantly." The prime object being to cure we select the remedy upon which we place our main reliance and we write that down and call it the *Basis*. To aid the base to perform its office the more quickly the typical prescription contains an assistant drug which we call the *Adjuvant*. Some medicines have properties whose action it is desirable to counteract, and to this end we employ a corrective, known as the *Corrigent*. To make the whole as pleasant as possible to the palate (a point never to be disregarded) by giving it the proper bulk, etc., we rub it up with some vehicle which is known in the prescription as the *Excipient*.

The subscription consists of such directions as the prescriber may give to the dispenser and is generally written in Latin.

The *Signa*, consisting of directions to the patient, is not strictly a part of the prescription proper. It is in this country generally written in English, and very properly so for obvious reason. The instructions to the patient are sometimes complex, and it is never safe to trust to the druggist's knowledge of Latin for a translation. Some ludicrous blunders are reported to have arisen from thus trusting. A physician having attended an accouchement, on his way home stepped into a druggist's and left a prescription for an aperient for the mother, writing as the *signa*, *coch. mag. pro re nata*. The assistant's knowledge of the dead language was not very profound, and he had to resort to the lexicon, from which he decided the English of the legend to be "a tablespoonful for the thing born," *i. e.* the baby, and wrote the directions accordingly. On another occasion a physician wrote *maneat in leceo* (let [the patient] remain in bed). The scholarly druggist knowing that *mane* means morning, and thinking that *leceo* had some connection with *lac*, which means milk, interpreted the directions 'to be taken in milk in the morning." *Sumendum more dictum* (to be taken as directed), a common form of *signa* by those who affect the Latin, was once abreviated thus, *sum. more dict.* The intelligent apothecary thinking the physician's orthography and chirography to be defective interpreted the directions as "some more diet" which he very elegantly transcribed to the label as "to be taken with a more liberal allowance of diet." The use of the vernacular will obviate all such blunders.

With the above directions before us we will write a typical prescription:

Superscription.....	.....	℞
Inscription.....	*Curare* with Basis.....	Ext. Colcynthidis co. ʒ j
	Cito "	Adjuvant. Resinæ Euonymi ʒ ss.
	Tuto "	Corrigent. Ext. Hyoscyami, gr. x.
	Jucunde "	Excipient. Syrupi Acaciæ, q. s.
Subscription.....	....	Fiant pil. No. xxx.

Sig.—Take one pill night and morning.

This form of writing a prescription should be adhered to as closely as possible. It will, of course, be found impracticable in practice to conform to it strictly at all times, but the form should never be lost sight of, and the closer the adherence to it the more effective, as a rule, is the prescription. By fixing this form in your mind you will not be liable to fall into the habit of writing "shot-gun" prescriptions, a habit which is at once unscientific and betrays the ignorance of the prescriber. The clearer the physician's conception of the condition for which he is prescribing the nearer will he almost necessarily conform to the rule we have laid down. It would not be a very inexact rule to judge of his conception of the case in hand by the number of the ingredients in his prescription. The confectio theriaca of the middle ages contained 365 ingredients, each one of which was sacred to the memory of some saint, so that on whatever day the compound was administered the religionist who was well up in the roster of the saints, might place himself under appropriate saintly protection. Many of our modern "shot-gun" prescriptions although dictated by a different motive bear a close resemblance to the ancient hodge-podge. The modern degenerate descendant of the ancient saint worshipping prescriber, throws in his ingredients trusting to blind chance to direct one or more of them to the affected spot.

The prescription having been written, take time to look it over very carefully for errors. Doctors are human and are liable to err, and the careful study of the prescription after it has been written is the best and the only way to detect errors which if not corrected may do serious mischief.

Attach your name, or, if living in a small place, your initials to your prescription. There are several reasons why the paternity of every prescription should be clearly indicated. It is also well to write the name of the patient at the head of each prescription; this precaution will obviate frequent blunders.

Prescriptions are frequently written for members of the same family, presenting material differences both in regard to age and the nature of the affection, and these being taken to the druggist's at the same time are liable to become mixed in a manner not originally contemplated, unless care is taken to specifically designate the party for whom each is intended. Blunders of all kinds are to be guarded against in the matter of prescriptions, and the investment of the extra time and trouble necessary to the precautions I have indicated will pay you handsome dividends.

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Cholagogues. (Continued.)

THE experiments of Dr. Rutherford on the following drugs, especially the salts of mercury, are vested with very peculiar interest from their bearing on points which have long been under dispute:

Potassium Iodide is sometimes given in hepatic affections in the hope that it may produce an alterative effect. On this account it seemed desirable to ascertain whether or not it affects the biliary secretion. In one experiment doses of 10, 20 and 30 grains,—in a second case 5, 10, 20, 30, and 40 grains were successively given, and the biliary secretion did not appear to be affected.

Benzoic Acid and its Compounds.—Benzoic acid is said to act as a stimulant of the system generally, and particularly of the kidneys, mucous membrane of the bladder, and bronchial glands. It is nowhere stated to be cholagogue. Yet it is sometimes used empirically in hepatic affections. Tanner, in his Practice of Medicine, recommends ammonium benzoate in hepatic congestion with deficient urine, and benzoic acid in suppressed action of the liver in uræmia. Dr. Wade, of Birmingham, employs benzoic acid in cases of catarrh of the bile-ducts; and we owe to the deep interest which he has taken in this research the valuable suggestion that we should endeavor to furnish a rational theory for the use of this agent in hepatic affections, by ascertaining whether or not it has the power of stimulating the liver. For a man the dose of benzoic acid is from 10 to 30 grains; that of benzoate of ammonia from 10 to 20 grains. Benzoate of soda has been employed by Socquet and Bonjean as a remedy for gout and rheumatism; but we have not been able to ascertain the dose given. Probably the dose of the sodium is similar to that of the ammonium salt. In one experiment 15 grains of benzoic acid were administered; but though the bile-secretion rose somewhat, the rise was trifling compared with that which followed the administration of 20 grains sodium benzoate. In another experiment a very marked increase of bile-secretion was produced by twenty grains of ammonium benzoate. Both salts are powerful stimulants of the liver, and do not stimulate the intestine of the dog. Now that this action of these substances has been proven on the liver of the dog, a similar action on the human liver will probably be found; and probably the reason why it has hitherto escaped the attention of the physician is, that these substances, being hepatic but not intestinal stimulants, the hypersecretion of bile induced by the doses given has not been revealed so as to attract attention. But probably if a dose of sodium or ammonium benzoate were given at night, and a purely intestinal stimulant, such as magnesium sulphate, given in the morning, evidence would be found of an increased secretion of bile. These results, therefore, tend to furnish a rational theory for the employment of the benzoates in congestion and some other affections of the liver. In view of the above discovery, the practical physician is asked to consider the propriety of testing the benzoates in dysentery, for while they, like ipecacuanha, powerfully stimulate the liver, and not the intestinal glands, they, unlike ipecacuan., induce no sickness or depression, but on the contrary, are nerve stimulants. Both the sodium and ammonium salts should be tried. It may also be well to observe that it would be perhaps advisable to increase the administration of the benzoates in ordinary catarrh, for they stimulate the liver as well as the bronchial glands, and the action of the liver in a common cold generally becomes somewhat defective.

Sodium Salicylate.—Scarcely anything is known regarding the physiological actions of salicylic acid. Bertagnini took in two days 100 grains in four grain doses, and felt nothing but ringing in the ears and some degree of deafness. He observed that the acid was excreted in the urine in the form of salicyluric acid. It is known that this is a conjugate of salicylic and glycin (just as hippuric acid is a conjugate of benzoic acid and glycin). The formula of benzoic acid is $C_7H_6O_2$; that of salicylic acid $C_7H_6O_3$. Their near chemical alliance, and their similar behaviour towards glycin rendered it probable that salicylic acid, like benzoic acid, excites the hepatic cells. Experiment has amply proved the correctness of this surmise. Sodium salicylate is a very powerful hepatic stimulant in the dog. The doses given varied from 20 to 30 grains, and when placed in the duodenum they never fail to excite the liver within half-an-hour. The certainty of the action of this substance on the liver led Dr. Rutherford to use it in many experiments as a sort of test of the excitability of the liver. He gave to a man 30 grains of sodium salicylate at night, and next morning a dose of magnesium sulphate—a purely intestinal stimulant,—and there seemed to be an increased discharge of bile. This is commended to the attention of the practitioner.

Salts of Mercury.—Dr. Rutherford made the remarkable discovery that while calomel does not excite the dog's liver, corrosive sublimate stimulates it powerfully. It two cases one-eighth of a grain of the salt produced this effect, but in another case a very remarkable secretion of bile followed the administration of one-sixteenth of a grain of corrosive sublimate and one grain of calomel. Experiments with the latter given alone induced him to

refer the hepatic stimulation to the former; the corrosive sublimate was always placed in the duodenum. With regard to calomel, he proved the following:

1. That calomel in doses of 10 grains, 5 grains, or 2 grains, several times repeated, when placed *without bile*, in the duodenum of a fasting dog, produces a purgative effect, varying with the dose; but so far from increasing the bile secretion, usually diminishes it, just as happens when any other substance that is not a hepatic stimulant—*e. g.* magnesium sulphate—is administered.

2. That when calomel is *mixed with bile*, and then introduced into the duodenum, there is no difference in the result, even when the calomel is given in one grain doses several times repeated, and the chance of acting on the liver, previous to supervention of the depressing effect of purgation, thus allowed.

3. That if five grains of calomel be subjected at 100° Fahr. for seventeen hours to the action of dilute hydrochloric acid, of the same strength as that of the human gastric juice, not more than one-thirty-fifth grain corrosive sublimate is produced. The last point had reference to this question,—is it not possible that, when five grains of calomel are placed in the stomach, corrosive sublimate is produced from it in sufficient quantity to excite the liver, while the unchanged calomel excites the intestinal glands? Dr. Rutherford is not in a position to say how much mercuric chloride is produced when five grains of calomel are introduced into the human stomach. If one-thirty-fifth of a grain were formed after a seventeen hours' maceration in dilute hydrochloric acid of the same dilution as that of the gastric juice, how much would be formed in seven or eight hours when taken at night on an empty stomach? and what would be the effect of that small quantity on the human liver? As regards the dog, however, fearing that the circumstance of the calomel having been injected into the duodenum and not into the stomach might have prejudiced the result, five grains were injected into the stomach, but the result was entirely negative. After death the calomel was found—apparently unchanged—enveloped in the gastric mucous; for the animal was fasting, and the saliva of the dog is peculiar in containing a large quantity of viscid mucin. But in the experiments of Kölliker and Müller, Scott and Bennett's Committee, the calomel was given by the mouth in the usual way, and the animal's had their usual diet. Every opportunity was therefore afforded for a transformation of the calomel into a mercuric chloride—probably indeed a better opportunity than is afforded in the human subject, for the gastric juice of the dog is more acid than that of man, and yet we find that the action of the calomel, when placed in the stomach of the dog, was just the same as when introduced directly into the duodenum. It was proved that one-twentieth grain corrosive sublimate with one grain of calomel when placed in the duodenum can powerfully stimulate the liver of the dog, but we find no reason for entertaining the idea that the amount of mercuric chloride produced by the gastric juice from five grains of calomel has any appreciable effect on the liver, for in one of the experiments of Bennett's Committee the amount of calomel placed in the stomach was 10 grains, and it occasioned no increased secretion of bile.*

But it may be said, although these facts render it impossible to entertain the idea that the action of calomel is due to the mercuric chloride produced from it by the gastric juice, is it not possible that the entire absence of bile from the intestine in the case of experiments of Bennett's committee interfered with the absorption of the drug, so that while it excited the intestinal glands with which it came directly in contact, it failed to excite the liver because it could not reach it? This objection cannot be entertained.—(1) Because that Dr. Rutherford's experiments prove that when calomel mixed with bile is placed in the duodenum it does not stimulate the liver. (2) In the experiments of Bennett's Committee, although the calomel could not possibly encounter bile in the alimentary canal, a part of it must have been absorbed, because when given in small doses, frequently repeated, the animal speedily lost its appetite and became extremely unwell, although the doses were too small to produce purgative action.

The conclusion is inevitable, that while corrosive sublimate does—calomel does not—stimulate the liver of the dog, and that when calomel is placed in the stomach of the dog there is,—if the dose be sufficient—the characteristic action on the intestinal glands, but no excitement of the liver. There is, therefore, no evidence that a purgative dose of calomel, when acted on by the gastric juice, gives rise to mercuric chloride sufficient to exert any appreciable effect on the liver.

Seeing that in these observations every substance that has any reputation as a cholagogue in the case of man, was submitted to direct experiment on the liver of the dog, and seeing that, with the exception of calomel, it was found that they all increased the biliary secretion in the dog, it appears that the remarkable harmony between the vast majority of the results and those of clinical experience makes it remarkable to maintain that the experiments with calomel are not to be set aside by the clinical observer, merely because he is of the opinion that calomel in some way or other increases the discharge of bile in man. There has been on the part of one or two physicians—who in their lamentable ignorance and narrow-mindedness imagine that physiological pharmacology studied on a dog cannot help them to know the action of a drug on man—a tendency altogether to set aside the results of former experiments with calomel, because they do not harmonize with their previously entertained opinions. These physicians appear to imagine that they can end the discussion by simply saying "the liver of a dog is not that of a man." That truism cannot be disputed, and Dr. Rutherford is perfectly willing to admit that it is possible that the human liver may be more or less susceptible than the liver of the dog to the influence of various substances, but he maintains that up to this time there is really no proven discord between his results and those arrived at by observations on man.

* The dose of calomel was ten grains given on three successive days. On the first it produced "slight" and on the other two days "decided" purgation, but on all the days the fluid and solid bile was diminished.

All Dr. Rutherford's experiments have had reference to the secretion and not the expulsion of bile. For the purpose of arriving at definite knowledge, he intentionally—in the manner described at the outset of these experiments—threw out of account the bile expelling mechanism, in order that he might have to deal with the bile-secreting apparatus only. He does not profess to have ascertained anything regarding the action of any drug on the bile expelling mechanism.

The clinical observer has supplied most valuable information regarding the power of various substances to increase the amount of bile in the dejections. He observes dejections of a clay color, he gives five grains of calomel, and further observes that in some cases the dejections thereafter assume their natural appearance. He cannot be certain of the manner in which this result is brought about. It might be occasioned (1) by stimulation of the hepatic secreting apparatus; or (2) by stimulation of the muscular fibres of the gall-bladder and large bile-ducts—to wit—the bile expelling apparatus; or (3) by removing a catarrhal or congested state of the orifice of the common bile-duct, or of the general extent of the larger bile ducts; or (4) by removing from the intestine substances which had been passing therefrom into the portal vein and depressing the action of the hepatic cells; or (5) by stimulating the intestinal glands, and thus producing drainage of the portal system, whereby the "loaded" liver might possibly be relieved. Yet, notwithstanding the inability of clinical observers to unravel this complicated web, and supply us with any definite statement, one of them has felt inclined to think the results arrived at by Bennett's Committee of no value, because they proved by direct experiment that calomel does not in the dog stimulate the hepatic secreting apparatus.

Seeing that calomel stimulates the intestinal glands in the dog as in man; seeing that mercury produces salivation, ulceration of gums, and other characteristic phenomena in the dog as in man, the obvious inference is that the reputed cholagogue action of calomel in the human subject is probably not owing to stimulation of the bile-secreting apparatus. And why should we, asks Dr. Rutherford, in the face of our experiments, believe the opposite until the clinical observer substitutes—for vague conjecture—definite proof of that opposite, by experimenting in a case of biliary fistula in the human subjet, when it happens that no bile enters the intestine, and where the amount secreted may be measured by collecting it as it flows from the fistula.

These experiments, therefore, suggest that the cholagogue action of calomel in the human subject is to be sought for, not in any supposed power of stimulating the bile-secreting mechanism, but in some one or more of the last four modes of action above indicated. Calomel undoubtedly excites the intestinal glands, and for anything we know may there be something peculiar in the nature of its action thereon. For anything we know, it may also have some special influence on the mucous glands and mucous membrane generally of the larger bile-ducts, whereby a catarrhal condition of these ducts may be relieved and the pent up bile be thus permitted to escape. There is evidently still abundant room for conjecture, but these experiments plainly narrow its range, and thus contribute to the attainment of definite knowledge. The practical physician would, however, do well to observe the discovery, that when a small dose of corrosive sublimate is combined with calomel, stimulation of the liver, as well as of the intestinal glands, is the result.

(*To be continued.*)

Our Exchanges (Continued).

MEDICAL and Surgical Reporter, a weekly journal edited by D. G. Brinton, M. D., Philadelphia. This journal was established in 1853 by Dr. S. W. Butler, and is therefore one of the oldest medical periodicals in this country. It is furthermore, one of the best of American medical journals, and is patronized with sufficient liberality to make it a very profitable publication. The Reporter aims to be very practical in its nature, and is thus very popular with the active practitioners of the country. Its contributors are chiefly from this class, and its editorial and excerpt departments are especially calculated to make the journal of practical assistance to all such.

Medical Press and Circular. This is a British medical weekly. Like most of the other British medical journals its editor is *incog.* It is issued both from London, England, and Dublin, Ireland. The Medical Press and Circular is a journal of a superior order of merit, ranking with the leading medical periodicals in the English language. It is printed on very heavy tinted paper, and is a model of typographical execution.

Medical Times and Gazette, published at London, England, and edited by ———. This journal is one of the quartet of leading British medical weeklies. It may properly be called an original journal in that it is almost, if not entirely made up of original contributions and editorial writing. Such journals fill an important place in medical literature, and the Medical Times and Gazette's opinions on medical politics and other professional questions are always outspoken and clearly expressed.

Medical News and Abstract, edited by Dr. I. Minis Hays, and published by the well-known medical publishers, Henry C. Lea's Son & Co. The News and Abstract is a combination of two journals which have long been familiar to the profession. In this combined form an improvement has been made in the addition of an editorial department proper, in which the editor makes bold to express himself on matters of general professional interest. The excerpts, which constitute the bulk of the journal, give evidence of much labor, and are invariably in good taste.

Medical Annals, published at Albany, N. Y. This journal is a monthly, and has now just entered its second volume. The first year of its existence, always a trying year with a new journal, has given it an encouraging hold on the profession, and it has started on its second volume with bright hopes. It is an ably conducted periodical and deserves all it hopes for.

Medical Brief, edited and published by Dr. J. J. Lawrence, St. Louis, Mo. This monthly journal is conducted in a manner peculiar to itself, its contents being almost exclusively made up of short contributions. In many respects the plan is to be commended, but there is the danger of loading up the columns with a lot of material whose place might be more profitably occupied with judicious selections. A purely original journal should be very circumspect in the choice of its contributed material. The Brief claims to have "the largest circulation of any medical journal in the world." But then we have a number of journals who make a similar claim.

Medical Summary. Dr. R. H. Andrews, Lansdale, Pa., editor and proprietor. This little journal besides aiming to justify its title has also an editorial department, and one open to contributors. Its size is a very serious obstacle in the way of its giving a summary of medical progress, but in so far as its space permits it does well.

North Carolina Medical Journal, edited by Dr. Thos. F. Wood, of Wilmington, N. C. This journal was established three years ago with Drs. M. J. DeRosset and its present editor as the editorial corps. It at once took a stand among the better class of the medical journals and has since steadily progressed in professional esteem. Ill health has prevented Dr. DeRosset from taking any part in the editorial work for over a year, and the new volume opens with only Dr. Wood's name on the title page. The journal is conducted with good ability, and is pervaded by a dignified tone.

New York Medical Journal. Edited by Dr. Frank P. Foster, and published by D. Appleton & Co. This journal has been before the profession for some sixteen years during which time it has had a number of editors, the present editor having assumed charge but a few months ago. It has always, from its commencement been one of the leading medical periodicals, its editors having invariably been gentlemen of good professional and scholarly attainments, but without any desire of instituting invidious comparison we must say that the journal was never before so ably managed as at present. Its contributors are of a superior order, and more attention is given to the editorial department, condensations, etc., than under the management of Dr. Foster's immediate predecessor.

New Orleans Medical Journal, edited by Drs. S. M. Bemiss, W. H. Watkins and S. S. Herrick. Each of the gentlemen on the editorial staff of this journal is known as a leader in the ranks of the Southern medical profession, and to look for anything else than a good journal issued under their imprimatur would be to reverse the natural order of things. The journal is ably supported by contributions from the pens of the profession throughout the South, and may, all things considered, be ranked about A 1.

New Remedies. Frederick A. Castle, M. D., and Charles Rice, Ph. D., editors, and Wm. Wood & Co., New York City, publishers. The name of this journal is somewhat misleading, giving the impression that it is devoted to the consideration of the newer additions to the materia medica. This was originally more distinctively the object of the publication but it is now more properly a pharmaceutical journal, as the names of its editors would themselves indicate. It is conducted with unusual editorial ability and its business management partakes of that energy which characterises all of Wm. Wood & Co's undertakings.

Nashville Medical and Surgical Journal edited by Dr. C. S. Briggs. This is one of the older medical journals of this country, having been continuously published for twelve years. It achieved a very considerable reputation under the management of our old friend Dr. Bowling, whose keen pen and caustic utterances made him a terror to all shams. Under Dr. Briggs' management the standing of the journal has not been allowed to deteriorate; it is still strong for the truth and for legitimate medicine.

The Therapeutic Renaissance.

THERE are waves in fashions and customs, and as therapeutics is notoriously not exempt from the influences of fashion it is subject to mutations. The history of medicine furnishes ample illustrations of this fact. At one time the empirical method was held to be the only reliable means of determining the medicinal value of a drug, it being maintained that except by actual observation under particular diseased conditions nothing could be known in this direction. Again the so-called physiological method was in vogue and the value of an agent in disease was predicated solely on its action on the healthy system of man or some inferior animal. Again disease was regarded as a manifestation of debility, and stimulants were plied, and anon it was looked upon as an evidence of too much vitality, and the disciples of Sangrado deluged the land with blood. Coming down nearer the contemporaneous age the doctrine of the self limitation of disease has its sturdy and able advocates, and the expectant method achieved a strong hold on the profession. This method was a very natural outcome of the great amount of attention which, particularly during the last decade, has been devoted to pathology. Following in the wake of the German school prominent teachers have, practically, regarded it as a much more important matter that the exact changes of tissues wrought by disease should be understood, than that these changes should be arrested by medication. The result has been that the therapeutics of the Germans has been next to worthless; and with the exception of the introduction of two or three agents Germany has done nothing during the past fifteen years to advance practical medicine.

In this country the influence of German teaching has by no means been unfelt, and the doctrine of the self-limitation of disease and its corollary, expectancy in treatment, have dominated the teachings of the writers of text books. Fortunately the spirit of American independence has pervaded the masses of the profession, and those who mission it is to bear the heat and burden of the day have not been governed by the utterances of those whose views have been formed from other data than those gathered in hand to hand conflict with disease. There has consequently been presented a some-

what anomalous state of affairs in the medical literature of this country. While the text books have breathed forth a spirit of therapeutic skepticism, the periodical literature, containing the fresh utterances of the workers, has been permeated with a vigorous faith in the power of drugs unto the healing of disease, and the consequence is that despite the *ex cathedra* utterances of those high in authority therapeutics in America is not in the backward condition which the perusal of the standard works would seem to indicate.

In England the state of affairs has been different from that which has been obtained in this country. Whether through feelings of jealousy, or through a stronger national feeling, or some other cause the leaders of the English profession have not so generally followed the German fashion, and and we have a Ringer, a Fothergill, a Reynolds, a Murrell and a score of other leaders strong in the faith of the power of drugs to heal. In practical medicine England has probably done more than any other country during the last twenty years.

A better day is dawning in this country. The seed which has been carefully nurtured by those who have been working rather than writing, is beginning to bud in quarters where its fruitage will be more conspicuous. Bartholow, of Philadelphia, and Piffard, of New York, have each lately given strong testimony in favor of the value of medication. That this same feeling is growing among the medical teachers of the country no one who has given the matter any attention can fail to have noticed. Our medical teachers are beginning to realize that it is unsound in theory and unsafe in practice to rely on the unaided power of nature to set herself right, and we believe we are in the dawn of such an activity in therapeutic research and experimentation as the history of medicine has not yet recorded. The eagerness with which the leaders in medicine of to-day (not the fossilized relics who were in their prime a quarter of a century ago) receive information on the subject of the new remedies, and the extent to which the latter are employed by the rank and file are very significant. If the attention which during the past fifteen years has been devoted to the laying of the foundation in pathology, physiology and the other non-practical branches of medicine were but diverted to therapeutics (as it now bids fair to be) the effect on the curability of diseases will be inestimable. Positive science has during the last fifteen years laid a deep foundation, and we believe the next fifteen years will rear thereon a worthy superstructure.

American Medical Association.

THE Thirty-Second Annual Session will be held in Richmond, Va., on Tuesday, Wednesday, Thursday, and Friday, May 3, 4, 5, 6, 1881, comcencing on Tuesday at 11 A. M.

"The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States."

"Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: Provided, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

Secretaries of Medical Societies as above designated are earnestly requested to forward, at once lists of their delegates.

Dr. F. D. Cunningham, Richmond, Va., is chairman of the Committee of Arrangements, to whom the by-laws require members desiring to read papers before any section to forward the *title* and *length* of the same (not to exceed twenty minutes in reading) at least one month before the reading.

Michigan College of Medicine.

THE first annual commencement exercises of this institution were held at Whitney's Grand Opera House, in this city, on Thursday, the 3rd inst. The occasion was a singularly enjoyable one, the audience comprising the *elité*, filling the house to repletion, the addresses and music being of a superior order, and the flowers excelling in beauty and profusion. The degree of M. D. was conferred on twenty-eight young gentlemen, all of whom had previously attended other colleges. The address to the public was delivered by Rev. F. B. Forbush, and that to the graduates by Prof. Henry F. Lyster, of the college. At the close of the public exercises the faculty gave a reception to the graduates and invited guests, to the number of about two hundred and fifty, at the residence of Prof. Wm. Brodie.

The spring term (optional) of the College opened on the 8th inst., and will continue for fourteen weeks. A goodly number of the class in attendance during the regular session together with a number of recruits are in attendance during this preliminary session, which is being mainly devoted to recitations and clinical work.

For information regarding particulars those interested will address Prof. J. J. Mulheron, M. D., Registrar.

Leprosy in the United States.

AT a meeting of the New York Academy of Medicine, held January 20, 1881, the following resolution was adopted:

Resolved, That a Committee be appointed by the President to investigate the extent to which Leprosy prevails in the United States.

The President appointed as such Committee, Drs. H. G. Piffard, F. R. Sturgis, and G. H. Fox. The Committee are desirous of ascertaining the actual number of Lepers in this country at the present time, and to that end respectfully request any physician who may know of the existence of a case in his neighborhood to communicate the fact to the Chairman of the Committee, at No. 10 West 35th St.. New York.

Book Reviews and Notices.

A Treatise on the Principles and Practice of Medicine.

Designed for the use of Practitioners and Students of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Bellevue Hospital Medical College, Fellow of the New York Academy of Medicine; Honorary Member of the Medical Societies of the States of Virginia, Rhode Island, Kentucky and Massachusetts; Associate Fellow of the College of Physicians of Philadelphia; Honorary Fellow of the Medical Society and of the Clinical Society of London; Corresponding Member of Medical Science in Paterson, etc. Fifth edition, revised and largely re-written.
Philadelphia: Henry C. Lea's Son & Co., Detroit: John Willyoung, 189 Woodward avenue.

The above is almost equivalent to a new work on the Principles and Practice of Medicine—so much has been added and so much re-written—and which has included eight years of medical progress since the last edition was issued, that we scarcely recognized the original book called Flint's Practice of Medicine. We have taken time to give it a pretty thorough investigation, and although we do not at all times agree with the author in his conclusions and his treatment, yet we have no reason particularly to say that he may be not correct and we incorrect. Our author informs us that his work is designed for the use of students; and yet not over one student in twenty can read it without a dictionary and comprehend it. The fact is medical schools pay so little attention to the student's preliminary education, that as a sequence they cannot be expected to know either a Latin or a Greek derivation, and hence do not comprehend the conciseness which such a Latin or Greek word expresses. And yet the author deals in them liberally. To illustrate, we give only one example—"Hydronephrosis"—which given in English means "Dropsy of the Kidney" from obstruction to the flow of urine. Now we wish it distinctly understood that personally we do not object to such terms and names being given to diseases in even these cases, because we think every student of medicine should have a knowledge of both Latin and Greek—but as three fourths of the teachers of medicine and surgery hold opposite opinions and do not recognize its necessity, and especially the school in which the distinguished author is Prof. of the Principles and Practice of Medicine, we cannot conceive why it should be particularly designed for the use of students.

Of the merits of the book as a treatise on the theory and practice of medicine, we take pleasure in saying it is up to the times, and is entitled to be received by the medical profession as the latest and best exponent of American medicine, and this we can write without in any way detracting from the many able works upon the same subject from the press of our English brethren.

Dr. Flint's long experience, both as a practitioner of medicine and as a teacher, has given him a thorough practical knowledge of what he has written, and hence, without being influenced by views presented in former editions, he has taken advantage of his more matured information to present his present views to his readers for their critical examination. In the revision of the work, the author has been ably assisted by Dr. Wm. H. Welch, who has contributed the first seven chapters of part one, embracing the general pathology of the solid tissues and of the blood, and also revised and in great part re-written the description of the anatomical characters of the diseases considered in the first of the volume. Dr. Welch being the lecturer on pathological histology in the Bellevue Medical College, has ably filled the duty devolved upon him.

One great value of the work is the concise manner in which the multiplied subjects have been presented to the reader; his time and patience will not be tired in reading through long pages of verbosites, but he is brought at once to the subject, and reads in choice language what the author has to say about it; and instead of two or three volumes, the whole is condensed into 1,127 pages, to which an elaborate index is appended. The mechanical execution of the book has been intrusted to the great medical publishing house of Henry C. Lea's Son & Co., and they have issued in their choicest style the copy before us, it being bound in half Russia, with cloth sides, a new feature of binding lately introduced by them, and which adds to the appearance of the volume on the library shelf. We cordially commend Flint's practice to our readers as the great American work on the subject.

Syphilis and Marriage.

Lectures delivered at the St. Louis Hospital, Paris. By Alfred Fournier, Professor a La Faculté du Médicine de Paris, Médicine de L' Hôspital, St. Louis, membre de L' Académie de Médicine. Translated by P. Albert Morrow, M. D., Physician to the skin and venereal department, New York Dispensary; member of the New York Dermatological Society; member of the New York Academy of Medicine.
New York: D. Appleton & Company, 1,325 Bond St., Price $2.00. Detroit: Thorndike Nourse.

The author, the translator and the publishers, jointly deserve the thanks of the profession and the community at large for bringing this subject before them in so lucid and intelligent a manner.

The book is addressed to the medical profession, and relates more particularly to the advice that should be intelligently given to syphilitics who contemplate matrimony, and who seek it for that purpose.

We think the author has performed his part of the duty. The physician may perform his, and doubtless will, if he understands his subject. And yet how many who call themselves physicians are qualified to give the advice called for?

It is all very well for Boards of Health, national State and municipal, to expend time, money and intellect in the prevention of yellow fever, cholera, small-pox and other zymotic diseases, which occur semi-occasionally, either as epidemics or endemics. But in syphilis we have a disease that is daily engendered and causes directly and indirectly more deaths annually than all the others combined, and yet we know of no action taken by them to avert its consequences.

The book before us opens a field which has never been so ploughed, and suggests to the thoughtful and philanthropic mind that the prevention of syphilis is a greater duty than as yet has received their public and private attention.

The medical profession (and we mean only those who are educated) are in daily knowledge of the workings of this ruthless but quiet destroyer of hu-

man life. They have advised how to control and diminish its ravages—but are met by that maudlin sentimentality that says it is wrong to license an immorality. In this country the clergy are responsible for this, and until they shake off this sentimentality and unite with the medical profession in having such laws promulgated as will put all places, as houses of prostitution and their inmates under police and medical inspection, there will be little prospect of curtailing this destroyer of life and health.

Although the lectures which constitute the substance of this book were delivered to students of medicine and medical men, yet every professional man, be he priest, lawyer or doctor, should read it. Every lawmaker and every hygienist should read it, and every member of a Board of Health should make untiring war until measures be adopted to curtail the influence of this death-producing disease.

MINOR SURGICAL GYNÆCOLOGY.

A Manual of Uterine Diagnosis and the lesser Technicalities of Gynæcological Practice, for the use of the Advanced Student and General Practitioner. By Paul F. Mundé, M. D., Professor of Gynæcology in Dartmouth Medical College; Obstetric Surgeon to the Maternity Hospital, New York; Physician for Diseases of Women to the out door Department of Mt. Sinai Hospital; Fellow of the American Gynæcological and the New York Obstetrical Societies; Corresponding Fellow of the Obstetrical Societies of Edinburg and Philadelphia, and Gynæcological Society of Boston; with 300 illustrations.
New York: Wm. Wood & Co., 27 Great Jones Street. Detroit: Thorndike Nourse.

This volume completes the twelfth number of Wood's Library of Standard Authors for 1880. It is written by the talented editor of the American Journal of Obstetrics and Diseases of Women and Children, and published by Wm. Wood & Co.

The author makes no claims that he has written a text book for those skilled in the now modern specialty of gynecology, but for those who are advanced in its study and for the general practitioner, who from want of daily observation and practice might be embarrassed when called to manage, upon his own judgment, the many derangements peculiar to the female generative organization.

From a personal examination of the book we are satisfied of its merits, and we feel fully assured that it will meet the approbation of all those skilled in the special diseases of females and their management.

In reference to the publishers—they have filled the promise made in their prospectus for 1880, and we congratulate them. No medical man need hereafter have any doubt that what Wm. Wood & Co. promise they will perform. The only regret he will have will be the unpleasant thought that he had not commenced to subscribe with the series of 1879.

It is with pleasure we inform our readers that the catalogue of the titles of the works to be published in Wood's Library of Standard Authors for 1881 has been issued, and unless unforseen events occur will consist as follows:

1. "On Albuminuria," by W. H. Dickinson, M. D. (Already issued).

2. "Materia Medica and Therapeutics of the Skin," by Henry G. Piffard, A. M., M. D.

3. "A Treatise on Diseases of the Joints," by Richard Barwell, F. R. C. S.

4. "A Treatise on the Continued Fevers," by Jas. C. Wilson, M. D., with an introductory by J. M. Da Costa, M. D.

5. "Rheumatism, Gout and some of the Allied Diseases," by Morris Longstreth, M. D.

6. "A Medical Formulary," by Lawrence Johnson, A. M., M. D.

7. "Diseases of the Œsophagus, Nasal Cavities and Neck," by Morrell Mackenzie, M. D., London.

8. "Artificial Anæsthesia and Anæsthetics," by Henry Lyman, A. M., M. D.

9. "General Medical Chemistry. A practical manual for the use of physicians," by R. A. Witthaus, A. M., M. D.

10. "The Diseases of Old Age," by J. M. Charcot, M. D. Translated by L. Harrison Hunt, M. D., with numerous additions by A. L. Loomis, M. D., etc.

11. "Diseases of the Eye," by Henry D. Noyes, M. D. Written specially for the general practitioner.

12. "On Diseases of the Urinary and Reproductive Organs," by Robert F. Weir, M. D.

A personal knowledge of nearly all of the writers of the above works, and of the reputation of the others is a satisfactory guarantee to us that every one will produce a work of such a character as will prove satisfactory to science and also to the reader The subscription for 1881 should be double that of 1880.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY,

Including Localized and General Faradization; Electrolysis and Galvano-Cautery. By Geo. M. Beard, A. M., M. D., Fellow of the New York Academy of Medicine; Member of the American Academy of Medicine; Member of the American Neurological Association, of the New York Neurological Society, etc., and A. D. Rockwell, A. M., M. D., Fellow of the New York Academy of Medicine; Member of the American Academy of Medicine; Member of the American Neurological Association; Electro-Therapeutist to the Woman's Hospital of the State of New York, etc. Third edition. Revised by A. D. Rockwell, M. D. With nearly 200 illustrations.
New York: William Wood & Company. Detroit: Thorndike Nourse.

The object of this work is to present in a compact practical form all that is known on the application of electricity to the cure of disease. How well it has achieved its design may be learned from the fact that since its first issue in 1871, a third has been necessitated. All new facts in the application of electricity for the cure of diseases have been added and their merits given. Two new chapters on the sequels of acute diseases and on exophthalmic goitre respectively have been inserted. The chapter on diseases of women has been revised, while in the discussion of midwifery the complication of extra-uterine pregnancy is fully considered.

These, together with many other chapters and brief additions throughout the book, have, it is believed, materially enhanced its value. The work is printed and issued in good style, and the illustrations are remarkably clear and well cut. To

all those interested in electro-physics, electro-physiology, electro-therapeutics and electro-surgery, we cordially commend the above treatise.

PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS.

By George Henry Fox, A. M., M. D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York, etc., etc. Forty-eight plates from life, colored by hand. Complete in 12 Nos. Price, $2.00 per number. New York: E. B. Treat, No. 757 Broadway.

The first three numbers we have already introduced to our readers. Nos. 4, 5 and 6 have since been received.

No. 4 treats of syph. papulosum et pustulosum; syph. pustulosum; syph. pustulosum corymbiforme; onychia syphilitica.

No. 5 treats of syph. papulosum humidum; syph. papulo. squamosum; hydroa pemphigus iris.

No. 6 treats of eczema, squamosum; syph. squamosum circinatum; syph. tuberculosum ulcerativum; syph. squamosum gyratum; syph. tuberculosum.

Each number seems to improve upon its antecedent, and so much so that we are surprised at the perfection to which these illustrations have reached. There can be no excuse for an inability to make a perfect diagnosis of cutaneous syphilis when such a perfect delineation as Fox's can be had, and with such a liberal explanatory text.

We cannot hesitate a moment in cordially recommending it to the student and to the profession who are limited in their means of clinical observation and study.

MORTON'S POCKET SERIES NO. 2.

Aphorisms in Fractures. By R. O. Cowling, A. M., M. D., Professor of Principles and Practice of Surgery, University of Louisville. From the publisher. Price 25 cents.

No one knows better than the author of Aphorisms in Fractures that great minds will differ, not necessarily from a desire to differ, but from an honest conviction that some ways are better than others.

Upon opening the little book before us, our attention was attracted by aphorism 94: "The proper dressing for every fracture of the lower extremities is the plastic apparatus." To this we must deferentially assent. In a hospital it may possibly do, but in out-door practice it is invariably a failure. In our opinion the difficulty lies in the swelling which takes place so soon after the accident, that upon its subsidence after the application of the plastic apparatus, the fractured ends are not kept in apposition, the surgeon has not the opportunity to discover the status quo and the fracture unites with a deformity. In our opinion a pine shingle is far preferable, if not so elegant. Aph. No. 105, says renew it every three weeks. Personal observation has taught us that, except in compound fracture, the bone commences to unite in adults about the ninth day, and should not be afterwards disturbed. Add twelve more days and much mischief would occur, if then disturbed, provided the parts were not in apposition. Without being at all hypercritical, we cannot see for whom the aphorisms are intended, unless for the purpose of cramming the student for graduation examination. To all such manuals we are constitutionally opposed.

We sincerely hope Bro. Cowling will yet write more in extenso and give us a book on the subject worthy his pen.

HEALTH PRIMERS.

The Heart and its Functions.
New York: D. Appleton & Company, 1, 3 and 5 Bond St. 1881 Detroit: Thorndike Nourse. Price 40 cents.

The above is number eight of Appleton's series of Health Primers, and although produced by English authors, yet essentially they are of as much practicability in this country, as the essential conditions of health are to a great degree the same in every country. The contents of this number are:

1, Why we have a heart; 2, the structure of the human heart; 3, the functions of the heart and how it is performed; 4, the relation of the heart to the general system; 5, how to maintain the integrity of the heart's functions.

It is an instructive little book, and can be read with advantage by the layman, for whom it is particularly written.

Therapeutic Progress.

CANCER OF CARDIAC ORIFICE OF STOMACH—RECTAL ALIMENTATION.—Our next patient's name is T. F., 37 years of age, a native of Ireland, by occupation a tailor. He was admitted into the hospital on the 13th of April. He states that his mother died of dropsy. His father is not living, but the cause of his death is not known. He gives no history of the existence of his disease in the family. He states that he has never been very strong. He had enjoyed fair health until about four months ago, at which time he began to vomit solid food. He has been in the habit of drinking, but not to excess. He managed at this time to keep down liquids. He states that he had pains on the right side and behind under both scapulæ, and this state of affairs continued up to last Sunday. He was four months unable to swallow solid food, but was able to swallow and keep down liquids. He had also pain on the right side and under both scapulæ. On last Sunday he was unable to keep anything down, and the matters vomited were sometimes tinged with blood. On April 13th he began to cough. and he had an expectoration of a pale, gray color, sometimes tinged with blood, and possessed of an offensive odor. He gives no history of having ever swallowed any corrosive substance.

On admittance the patient was greatly emaciated, as you can now see; and complained of cough, of pains under the scapulæ and in epigastric region and over the lower part of the liver, and would vomit after taking food.

On examination there were found some rales over the chest, coarse and fine over both sides. There was no enlargement of the abdomen. On attempting to swallow food it seemed as though the food did not enter the stomach before it was regurgitated. It is regurgitation, therefore, rather than vomiting, for vomiting means properly an ejection of the contents of the stomach, but according to this history there was a regurgitation of the contents of the œsophagus; that is, the food passes

not to the stomach, because regurgitated from the œsophagus.

The urine is amber colored, cloudy, acid, specific gravity 1026, and contains no albumen.

As this patient was absolutely unable to take food, he was nourished, and is now being nourished, by rectal alimentation. He says he must have lost a great deal of flesh. You see he is very thin. He is suffering from innutrition.

Well, of course it is important in the first place to examine the abdomen and see whether any tumor can be found, and you see none can be found. Observe how collapsed he is, showing great deficiency of the contents of the alimentary canal. I can press my finger against the back bone, and can feel distinctly the pulsation of the abdominal aorta.

* * * * * * * *

The indication for treatment in the case before us is, to nourish the system, and that we can do I trust effectually by means of rectal alimentation. Now, I do not know what form of diet he is under, but I will venture to assume that it is something like this: about two ounces of milk with half an egg, (and a little whisky and a few drops of laudanum?). I guess that because after a considerable experience in the hospital with regard to rectal diet we have rather fallen upon that combination as one of the most effective, the most likely to be tolerated, and to be adequate for nourishment. The house physician tells us that he has been receiving a little milk, not to exceed four ounces, and a half an egg, which he gets every three or four hours. He also gets some pepsin. Well, that nourishment will sustain life indefinitely, and under favorable circumstances the patient may even gain in strength, and perhaps even in weight.

There is much, however, to be learned with regard to rectal alimentation. This is a very interesting topic as to the form or forms of diet which are to be preferred. Blood has been used, and is used in this city at the present time. That is defibrinated blood. It has been employed in some cases which I have observed, but so far as my observations go I have not formed that favorable opinion of it which I was led to anticipate I should form. At the same time the testimony in behalf of its adequacy is abundant. We had a patient presented to the class last winter repeatedly, who was nourished under the same diet that is now being employed here, and as a matter of observation blood was substituted, and it did not seem to do as well. I have since seen a case of ulcer of the stomach in a woman who was safely carried through it by rectal alimentation. She had profuse hemorrhages, and I verily believe that rectal alimentation was the means of saving that patient's life. For a time blood was used in this case every three hours, and it answered very well, but on the whole the other diet seems to do better. However, it is a matter of study whether there are not other forms of diet which possess advantages, and whether there may be an advantage in changing from time to time the rectal article of diet, the same as we find utility in a variation of the food taken by the stomach. A very good combination, but it is one which we cannot very well make use of here, because we have not the appliances at hand, is to take a certain portion of meat, chop it very fine, take a certain amount of sweet bread (and manna), pulverize it, adding water, strain through a sieve and use this. I have seen several cases treated on this diet which did well.—Austin Flint, M. D., in *The Medical Gazette.*

THE THERAPEUTICS OF ERGOT.—By J. T. Wells, M. D., Portland, Oregon.

Probably no remedy in the Materia Medica has more rapidly and more deservedly grown into extended popular favor among physicians within the past few years, than ergot; and believing that still greater prominence awaits its reputation in its varied therapeutic application, a summary of the new uses to which I have applied it, with its beneficial results, may serve to call your attention to, and induce a more thorough investigation of, the great remedial efficacy of this most valuable drug.

For about eighty years the action of ergot as a parturifacient has been recognized and appreciated, by the profession in America, and for nearly seventy years the knowledge of its effects was limited to this application, and it was rarely administered for other purposes; but investigation into its physiological action has, within the last ten years, developed its specific action—that of contracting the non-striated muscular fibres, and demonstrated that its great utility and application in the treatment of diseases is limited not even by the very comprehensive term, inflammation.

That ergot does contract the capillaries and arterioles, by its action on their non-striated muscular fibres, and thus positively diminishes the amount of blood going to any organ, especially when in a state of congestion or inflammation, cannot now be refuted.

If it possesses this power in a sufficient degree to arrest hemorrhage from the nose, lungs, kidneys, uterus, bowels, etc., when there is a solution of continuity in their vascular structures, and which experience demonstrates, it is a most rational conclusion that its effects should be even more manifest in all conditions of engorgement of these structures from whatever cause, when there is no solution of continuity; and hence its extended, rational application in all congestions and inflammations.

In pneumonia, I have used it for several years, with far more satisfactory results than any other treatment, and am sure that it aborts the disease in most all cases when it is properly administered before hepatization occurs—the "rusty" sputa subsiding often in a few hours—the pain, congestion and inflammation rapidly disappearing. After hepatization, its effects, though not so palpable, are yet most obviously beneficial, and may be greatly enhanced by synergistic combinations—as with plumbi acetas in pneumonitis—it is good in pleuritis, and also in night sweats or unnatural sudation. In meningitis, peritonitis and orchitis it is the remedy. In ovaritis and metritis it is the sine qua non.

In spermatorrhea and gleet, it often affects a cure when other orthodox remedies fail.

In ptyalism, with other astringents, it acts well and quickly.

In hemorrhoids, ergotine injected into the pile, with a little carbolic acid, effects a speedy and permanent cure in all cases.

In enteritis of typhoid fever it is believed to prevent perforation by limiting the congestion and inflammation in Peyer's glands.

It prevents waste and destruction of tissue in continued fevers, as well by its sedative action on the heart as by preventing congestions, and diminishing the unnatural supply of blood—and thus preventing the unnecessary destruction of blood corpuscles.

In neurasthenia, its application is theoretically appropriate.

In all surgical operations the loss of blood should, and I believe will eventually, be anticipated by its previous administration. To this end it is especially serviceable in preventing hemorrhage and peritonitis after ovariotomy—in a recently successful case of which I attribute much of the entire absence of inflammation to the effects of ergot.

These are some of the uses to which I have very successfully applied this remedy, many of which have not heretofore been fully recorded, and others too lightly regarded.

When once we admit this specific action of ergot, its rational application is even more extensive than is herein indicated, and careful observation with it will convince the unbiased practitioner of its superior efficacy in the above, and other accepted applications.

In an experience of ten years I have yet to see the first seriously unfavorable symptom follow its intelligent administration.

In a case of epilepsy, related to me by a most capable physician of this city, twenty grains of ergotine were given three times a day for months, with the effect of gradually and permanently arresting the paroxysms, which at beginning of treatment were three or four a day. The case recovered in about one year—during which time the ergotine was continuously administered, and no unfavorable results followed.

The dry gangrene said to be produced by it is directly in support of its specific action, and most fortunately is so rare as to exist more in imagination than in reality. In health the protracted use of this medicine may be followed by such effects; but in disease, the power of the remedy seems to be wholly expended in contracting the over distended blood vessels without deleterious effects in other parts of the body, and hence it may be given, as long as the indication exists, with impunity.—*Transactions Oregon State Medical Society.*

Liquefied Ozone.—It has been recently found by MM. Hautefeuille and Chappuis that the production of ozone in oxygen by the silent electric discharge in M. Berthelot's apparatus for that purpose is greatly influenced by temperature. Thus in passing from 20° to55° the proportion of ozone obtained was nearly quintupled. Increase of pressure has a like effect, but much less in amount for each temperature. By reason of these observations the authors have been enabled to submit portions of largely ozonized oxygen to the action of increasing pressures in M. Cailletet's apparatus (in which it is known mercury acts by pressure on a gas in a strong capillary tube). The capillary tube was kept at a temperature of—23°. From the first strokes of the piston the gas in the tube assumed a blue color deepening to indigo blue when the tension of the ozone had reached several atmospheres. A sudden decompression, or release of pressure, from 75 atmospheres—gives rise to a thick blue mist, a certain sign of liquefaction of the ozone. To get a corresponding mist with pure oxygen requires a previous compression to 300 atmospheres. On the other hand, ozone seems a little less easy to liquefy than carbonic acid. It would appear, further, that ozone is to be numbered among explosive gases. If the mixture of oxygen and ozone referred to be not compressed slowly and kept cool, the ozone is decom posed, with liberation to heat and light. A strong detonation is heard, accompanied by a yellowish flash. The blue color (it is remarked) is as characteristic of ozone as the odor of the gas, for it may be observed with all tensions, if a sufficient thickness of the gas be looked through.—*North Carolina Med. Journal.*

Pulsatilla in Uterine Affections.—The following is transcribed from the article on pulsatilla in Wood's Library for 1879.

Pulsatilla exerts a peculiar action on the uterus. In functional amenorrhea with absence of catamenia, or if the catamenia be absent or delayed, or even in suppression induced by fright or chill, pulsatilla is often of the greatest value in establishing the flow at the proper time and in its normal quantity. It is also of much benefit in functional dysmenorrhea, where the discharge is scanty or even when profuse but blackish and clotted. Even though at the first period this medicine should fail to restore the menstrual flow to its normal standard, by persevering in the use of it for two months or more the desired effect is almost certain to be produced.

Leucorrhœal discharges attended by pain in the loins, feeling of weariness, depression of spirits, loss of appetite, and derangement, more or less extensive, of the nervous system, are also quickly relieved by a steady course of pulsatilla taken internally in five drop doses, three times a day and continued for a few weeds. A teaspoonful of the tincture should also be put into a pint of cold or tepid water, and be used as an enema for the vagina every day.—*Physician and Surgeon.*

Proprietary Preparations.—The same unsatisfied feeling seems to exist in Europe that characterizes some of the features of American pharmacy, as we glean from a recent meeting of the Paris Academy of Sciences, where Vulpian, Catin Personne and Peter—King bees of the art—vehemently attacked all proprietary specialties, and particularly all preparations of pepsine and iron, which, in their opinion, hardly ever contained what the label claims, and hence are very inefficient. Particularly faults were found with the different pepsins, diastases and pancreatins of the French market, and still more so with the wines and elixirs made from these, in which the alcohol almost entirely counteracts the medical effects of these principles. Personne referred to iron specialties, and particularly to Bravias dialysed iron, which he considered impure and entirely insoluble in the stomach, remarking that it should be employed whenever the use of an absolutely inert iron preparation is desired.

SOME IMPORTANT USES OF AMYL NITRITE.—The editor of the Alienist and Neurologist gives these uses of the amyl nitrite :

Differential diagnosis of cerebral hyperæmia and anæmia. Although it is not difficult to distinguish marked forms of these opposite cerebral states, yet there are instances where they sometimes present, even to the neurologist, so many negative evidences that any additional sign that may aid in clearing away the doubt is an actual gain in our means of diagnosis. This sign we have found in the action of nitrite of amyl inhalations, in the minimum doses. In the markedly anæmic, a single five-drop inhalation does not produce cephalalgia or any considerable amount of head uneasiness or suffusion of the face, while in the decidedly hyperæmic the sense of fulness of the head, and even of cephalic pain, is often exaggerated and very persistent even after one inhalation, the face also flushing more readily and extensively.

As a therapeutic agent in anæmia and imbecility. The known property of this agent in quickening the cerebral circulation induced us to employ it by inhalation in the treatment of cerebral and spinal anæmia, and in the management of some imbecile patients. One little patient with very feeble head circulation, sluggish mental action and weakened power of control over the lower limbs, is now evidently being benefited by it conjoined with electricity and internal treatment. Two of our chronic aphasics are also on trial with it, conjoined with other medication, with a view of diminishing the area of possible arterial obstruction with in the brain.

QUININE FOR HYPODERMIC USE.—It is stated in the Practitioner, Nov., 1880, that for hypodermic use Prof. Köbner considers that the hydrochlorate of quinine is best suited, not only on account of its greater solubility, but because it contains a larger proportion of the base than does sulphate of quinine, while the solubility of the preparation is greater in pure glycerine than in water. Thus, Prof. Köbner has obtained as good results in cases of intermittent neuralgia and other affections for which quinine is usually prescribed, from the injection of 0.12–0.15 gram. of quin. muriat, as are ordinarily obtained from the administration by the mouth of much larger doses (0.6–1.25), while the patients did not complain of any constitutional or gastric symptons. The author gives the following as his formula for four injections:—

℞ Quiniæ hydrochlor., 0.5–1.0
Glycerinæ.,
Aq. destill., ℥ss 2.0.

Disp. sine acido.—*Med. and Surg. Reporter.*

CHLORATE OF POTASH IN THE NIGHT TERRORS OF CHILDREN.—Dr. Harken writes in the Dublin Medical Journal, November, 1880 :

Young children from the first to the sixth year, particularly those sleeping in over-crowded rooms are subject to frequent attacks of screaming at night, with insensibility, and semi-convulsions, and somnambulism if not watched, and something approaching to the *petit mal*, due to the protracted inhalation of air deficient in oxygen and laden with carbonic acid and other morbid products—a persistence in this habit often leading to tubercle of the brain or lungs. For this condition I have always found the chlorate of potassium a sovereign remedy ; and for the true convulsion and epileptic attacks of children it has proved not only curative, but, more important still, a true preventative. For the adult epileptic, although not so useful as the bromide, I have prescribed with great advantage this salt alone and in combination with the bromide.—*Med. and Surg. Reporter.*

THE HYPODERMIC INJECTION OF ERGOTINE AS A COUGH SEDATIVE.—Ergotine, injected hypodermically, in doses of from one to three grains, is a remedy of notable power in allaying coughs of various lung conditions, and in diminishing sputum. Unlike some potent drugs, that occasion general distress out of proportion to possible good results, ergotine if not followed by any constitutional disturbance. However injected, there is local irritation; if into the subdermal connective tissue, suppuration may take place; it should be thrown deeply into a muscle, as the deltoid. In a small proportion of cases, it entirely fails. Sedative effect persists for a day or two; is likely to control a cough that has defied even the most cunningly devised linctus. In severe harrassing cough of advanced phthisis, not unfrequently exciting sudden fatal hæmoptysis, ergotine is indicated as a prophylactic.

The internal administration of the liquid extract of ergot, in moderate or tolerably large doses, does not seem to have the same effect.—James Allan, in *British Med. Jour.*

A READY METHOD FOR HOT FOMENTATIONS.—A patient lately informed me of a method, adopted in her family for many years, to prepare flannels for hot fomentations; and, as the plan is novel to me, after thirty years' practice, and evidently very valuable, I think it may be unknown also to many others. The flannels are merely placed in the steamer of an ordinary steam-kettle; they quickly become thoroughly permeated by the steam, when the kettle is placed on the fire, and can be readily changed without any fear of scalded fingers during the attempt to wring them sufficiently dry, as in the ordinary method. My friend has, I understand, presented several steam-kettles, specially made for the purpose, to one of the London hospitals.—Richard Neale, M. D., in *British Med. Jour.*

ESSENCE OF WINTERGREEN IN PURULENT CYSTITIS.—The essence of wintergreen, more used in perfumery then in pharmacy, is, according to the Journal de Médicine et de Chirurgie pratiques, used by M. Périer, of the St. Antoine Hospital, in the treatment of purulent cystitis. It is a powerful antiseptic, of a penetrating but not disagreeable odor, and non-irritant. Though its price is high, this does not form a bar to its use, as it is given in very small doses. The essence of wintergreen is procured from the Gaultheria

procumbens, a North American shrub. Chemically, the essence is called salicylate of methylene, or methylsalicylic ether: it is only slightly soluble in water. Dr. Périer employs the following combination: essence of wintergreen, six grammes; tincture of quillaya saponaria, thirty grammes; water, one litre. This forms an excellent fluid for injecting into the bladder, for washing wounds, and for some simple dressings.—*Med. Press. and Circular.*

Rectal Alimentation.—At the meeting of the French Association for the Advancement of Science at Rheims, M. Catillon read a paper on "Alimentation by the Rectum," in which he stated that he had fed two dogs during two months with injections of eggs. The first, which had eggs only, lived with difficulty, with considerable loss of weight; the other, in which the injected eggs were mixed with glycerin and pepsin, lived in an apparently normal manner, weight and temperature being constant. After thirty-seven days, the pepsin having been stopped, the animal lost weight, and the temperature fell from 102° Fahr. to 99° Fahr. It is therefore apparent that, in order that nutrition should be properly performed by the intestine, digestive ferments must be associated with the the food—that is to say, they must be transformed into peptones.—*Med. Press and Circular.*

Defibrinated Blood in Rectal Alimentation.—Dr. Andrew H. Smith, of this city, writes: "I have found recently, by trial in a considerable number of cases, that the disagreeable odor sometimes observed about patients who are using defibrinated blood for rectal alimentation, may be almost or entirely obviated by the addition of a grain or a grain and a half of chloral in solution to each ounce of the blood. There is also this further advantage, that if the chloral is added to the whole quantity of blood when first received, decomposition will be delayed for two or three days longer than without the chloral, and a less frequent supply will be required. When the use of the blood tends to produce constipation, as is often the case, an occasional laxative should be given to prevent possible impaction in the colon."—*Med. Record.*

Tinea Capitis.—In answer to the request of Dr. S. H. B., of Texas, about the experience of others in the treatment of tinea circinata, I beg leave to offer him the following treatment, which has been invariably followed with success:—

℞ Argent. nitratis, pulv., ℈j
Hyd. oxid. rub., ℈ij
Plumb. iodid., ʒj
Cerati,
Vaselinæ, ♏ ʒij.

M. Ft. ung.

Sig. Rub a piece the size of a bean well into the diseased surface, until it disappears; repeat night and morning.

Three or four applications have frequently proved sufficient.—John F. O'Callaghan, M. D., in *Med. and Surg. Reporter.*

Ammonio-Sulphate of Copper in Tic Douloureux.—Doctor Fereol of Lariboisiere, has used the above old and and long forgotten remedy in four cases of tic douloureux, with results so satisfactory, that he strongly recommends its re-introduction. He prefers the following formula:

℞ Cupric-ammonio-sulphat., 1½-2 grs.
Syr., ʒj,
Aq., ʒiij.

M. This quantity is to be taken during the 24 hours, preferably after vegetable food. If the pain continue, increase the dose. In one case as much as nine grains were used during the day, giving rise however, to gastro-intestinal disturbance; even the administration of the usual doses will cause fetor ex ore and a metallic taste, nevertheless continue with 1½ gr. daily for 12 to 14 days.—*Med. Times and Gazette—Norwegian Journal of Medicine.*

Purgative for Consumptives.—Dr. Ferraud recommends the following prescription in the constipation of phthisis:

℞ Magnesiæ calcinat., ʒ ss ad ʒ j:
Mannæ, ʒj ad ʒ ij.

M. To be taken in a cup of tea.

When this is mixed with honey it makes an agreeable electuary:

℞ Mannæ, ʒ j
Magnesiæ calcinat., ʒ ss
Mellis, ʒ j.

M. This may be taken in tablespoonful doses in the morning.—*Phila. Med. Times.*

Value of Ammoniacal Salts in Diabetes.—Dr. Paul Guttmann (Bull. Gén. de Thérap., 1880, p. 431; from Berliner Klin. Wochens.), in a case of diabetes, gave for five days no medication. Quantity of sugar, 231.65 grammes. For thirty-one days administration of ammoniacal salts, 223.-11 grammes of sugar daily. Then cessation of treatment for thirty-one days. Amount of sugar, 173.19 grammes per diem; thus showing that, so far from diminishing the amount of sugar in the urine, the salts of ammonia actually increase it.—*Phila. Med. Times.*

Iodide of Ethyl and Pilocarpin in Asthma.—Iodide of ethyl has been used successful by Dr. D. R. Brower (Chic. Med. Jour. and Ex.), after all other remedies had failed. The patient was a boy of fifteen, with an inherited nervous weakness. The dose employed was six drops. The drug relieved the paroxysms and lessened the intervals between them. Dr. Burkhart finds pilocarpin curative in asthmatic cases complicated with chronic bronchitis.—*Independent Practitioner.*

Removal of Freckles.—The following formula is said to be efficacious for the removal of tan and freckles:

℞ Hyd. bichlor., grs. vj.
Acid. mur. dil., ʒ j.
Aquæ, ʒ jv.
Alcohol, ʒ ij.
Aq. Rosae, ʒ ij.
Glycerine, ʒ j.

M. Apply at night and wash off with soap in the morning.—*Canada Lancet.*

Phosphate of Bismuth.—Phosphate of bismuth is preferred by Dr. Tedenat (Union Pharmaceutique) to the sub-nitrate. Its anti-diarrhœic effect is the

same, but it may usually be given in smaller doses, one to two grammes. It may be administered in the same way as the sub-nitrate.—*Chicago Medical Review.*

WONDERFUL EFFECT FOLLOWING THE USE OF A POPULAR NOSTRUM.—*Bromo-chloralum as a Remedy for Bedsores.*—A writer in the Journal of Materia Medica (Tilden's), in commending this substance, recounts this marvelous case. The italics are ours. Possibly the ignorant printer made the evident mistake:

Mrs. R., æt. 59, confined to her bed for several weeks. A bedsore developed *upon the lower part of the scrotum*. Bromo diluted with ten parts of water was used and produced a rapid cure, really surprising all of us with the rapidity of its healing.—*Louisville Med. News.*

MOUTH WASH.—The Nashville *Jour. of Med. and Surgery* gives the following prescription:

℞ Acid salicyl., potas. chlor.
Sodæ Bisulph., ℥ 3 j.
Glycerine and water, ℥ 3 viij.

M. Sig.—A teaspoonful to rinse the mouth every one to three hours.

New Remedies.

THE COMPOSITION OF TONGA: A REPUTED REMEDY FOR NEURALGIA.—A paper was published in the Lancet of March 6th of this year by Professors Sydney Ringer and William Murrell giving details of the use of tonga in eight cases of neuralgia, six of which were promptly cured, one was much improved, and in the other a week's trial of the remedy failed. The drug was brought to Professor Ringer by a gentleman residing in Fiji, named Mr. Ryder, with the following account: "It has been used several years by the aborigines of the Fiji Islands, and a European, who married chief's daughter, learned the secret from his father-in-law, in whose family the knowledge of the composition of this remedy had been a heirloom for upwards of two hundred years." Mr. Ryder described the drug as a mixture, and knew nothing of its botany, and the name tonga, I am informed was invented by himself, the drug previously bearing the name "Neuralgia Medicine."

Tonga, as first placed in my hands, consisted of small loose bundles about the size of a small Florence flask, containing in the interior a mixture of bark leaf and woody fibre; the outer covering or wrapper consisted of the inner bark of the cocoa-nut tree; the following instructions were given for its use:

"The bundle, without being unfastened, to be steeped in half a tumbler of cold water for ten minutes; then squeeze the liquid from the bundle back again into the tumbler, and take a claret-glass of the infusion three times a day about half-an-hour before each meal; dry the bundle and hang it up in a dry place to prevent its getting mouldy; it will answer for twelve months. Hot drinks and exposure to cold winds should be avoided whilst taking the medicine."

Mr. Ryder and his friends have tried the remedy extensively, and found it very successful, curing by the second or third day. It has also been used in Sydney with much success.

A supply of about eight pounds of the drug was placed in my hands by Professor Ringer; it had been removed from its envelope of cocoa-nut tree fibre. The drug, upon separation into its various parts, was found to consist of about an eighth per cent. leaf, two per cent, fibre, and the remainder portion bark. These proportions are not constant, on account of the rough mode of preparation.* The leaf is cut or broken into small pieces which precludes a description of its form; its color is deep green; taste slightly bitter and astringent. The fibrous portion is of loose structure chopped into irregular lengths, varying from one half to two inches, and torn into shreds. No bark is attached, and there is nothing I can find in its structure to indicate with certainty whether it is root or stem. Its color is dull greyish-brown, odor peculiar, and may be termed urinous, and taste of the same kind. The bark is found in irregular-sized pieces, much broken and partly in coarse powder, the majority of pieces consisting of inner bark rarely beyond a line in thickness, its color is not uniform, but varies from pale brown to purplish black; many pieces are brownish-yellow, due, I think, to undetached portions of outer bark; its taste is lightly sweet and astringent.

Examination of Bark.—Sixty grammes of bark in fine powder was divided into six parts, and treated respectively to exhaustion with hot benzole, benzine, ether, chloroform, alcohol, and water; the resulting solutions were allowed to spontaneously evaporate, except those of alcohol and water, which were evaporated over a water-bath. The benzole; ether and chloroform gave no residues worthy of examination; benzine gave a slight residue, consisting of an essential oil and a pale, fat-like substance. The amount being small, they were not further examined.

Alcohol yielded an extract of pale brown color, sweet and slightly astringent taste, and mostly soluble in water. The filtered watery solution of this extract, when tested, for alkaloid, gave negative results, but readily reduced warmed the alkaline cupric tartrate. The bulk of this alcoholic extract was dissolved in water, and treated to excess with basic lead acetate, filtered and excess of lead removed with H_2S, filtered from lead sulphide and evaporated, when a pale yellow tenacious residue was obtained, which by its chemical reactions I identified as glucose.

The watery extract of the bark was examined, and during evaporation became pectinous. A portion treated with alkaloidal reagents gave negative results, but, like the alcoholic extract, readily reduced alkaline cupric tartrate; and further examinations proved that, excepting the pectin, the watery extract does not differ essentially from that preparation by alcohol.

Examination of Fibre.—The fibre portion of tonga being, unfortunately, very small in quantity, I have been obliged to limit myself to work upon ten

*Since writing the above, Messrs. Allen and Hanbury have kindly placed at my disposal further samples of tonga, one o which is without leaf, and in which the fibrous portion consists of compact traverse sections broken longitudinally—additional evidence of its want of uniformity.

grammes. Five grammes were exhausted with water, and the infusion, upon concentration and addition of the necessary reagents, gave strong evidence of the presence of an alkaloid. The semi-fluid aqueous extract, now treated with excess of alcohol, almost entirely passed into solution, and upon evaporation of the alcohol, was deposited as as a brown crystaline residue of a deliquescent character; the crystals, upon examination, proved to be mainly chloride of potassium commingled with an alkaloid salt. The potash salt was removed by treatment with tartaric acid and alcohol, and the filtered alcoholic solution when evaporated left a pasty crystaline mass of an alkaloid salt, having the folllowing reaction: Moderately strong solutions gave white precipitates with potash, soda, and ammonia, hydrates and carbonates, also with mercuric chloride, tannic acid, potash mercuric iodide, phosphomolybdate of soda and nitric acid; with potash bismuth iodide it gave a red precipitate; strong sulphuric acid changed it brown, evolving an odor of hawthorne flowers. When the solution is treated with caustic alkalies, the alkaloid is evolved, bluing red litmus paper; the odor or the vapor is peculiar, and suggestive of decomposed potatoes. The vapor passed into dilute nitric acid gave a solution having the above alkaloid reactions. The remaining five grammes of fibre was worked out with alcohol, and yielded results parallel to the above.

The leafy portion of tonga being only a fractional percentage and its separation tedious, I did not consider it worthy of examination, neither do I think it takes any part in the action of the drug.

To summarize, the preceding results show that the drug called tonga is composed mainly of a mixture of fibrous material, probably a root, and the inner bark of plants the botanical sources of which are unknown; the main constituents of the bark being pectin, glucose, a little essential oil, and fat; the fibre containing a volatile alkaloid, which is probably the active principle, and may for the present be named tongine, and also some chloride of potassium.

We trust we may soon command botanical specimens and larger supplies of this interesting drug, and be able to substantiate the reputation it bears, and prove it a valuable addition to our materia medica.—A. W. Gerrald, F. R. C. S., in *London Pharm. Journal*, April, 1880.

CASCARA SAGRADA.*—This shrub of California, which has recently been introduced into the unwritten Materia Medica, and part of which, no doubt, is destined to become one of the specific remedial agents, seems to be worthy of a few moments' consideration. Cascara sagrada is a nomenclature of local application, being applied, I believe, by the Mexican residents who have long known its medicinal qualities. The partial signification of this name is sacred bark, or sacred tree bark; it is also called shittim wood. I am not sure that that this is the same as that celebrated in Holy Writ. Yet one writer, Dr. Eddmon, gives evidence of its use in the thirteenth century, and refers to a botanical work published at Bologna in which it is described. The shrub has been classified with the rhamnaceæ, of which family it is undoubtedly a member. Its generic term is therefore rhamnus, and it has been named Rhamnus Purshiana. Very little is known of its chemical composition, save that the bark (which has recently been introduced as a medicament) has passed under the practiced eye of Prof. Albert B. Prescott, who has found in it several resins, a crystalizable body, tannic, oxalic, and malic acids, a fatty and volatile oil, wax, and starch in abundance. This, however, is a matter of little moment until its physiological and therapeutical value shall have been demonstrated, and it shall become a remedy of unquestionable reputation. Until then its practical utility is of greater import, and therefore a primary consideration.

Our purpose then is to consider the therapeutic value of the drug, if it has any; to determine the adjuvants which will give it the widest range in results; to establish, if possible, the best means for its administration, and also to discover the very best vehicle to mask its characteristic bitterness, and thus, render it acceptable to the most fastidious stomachs.

Its uses hitherto have chiefly been for the removal of habitual constipation, obstinate costiveness, and certain forms of dyspepsia. These are the diseases which are supposed to be reached by cascara sagrada, and with curative effect. Habitual constipation, which is so common and widespread in cities, brought about generally by neglect or irregularity in responding to the calls of nature, is a difficulty which is often followed by frightful disorders, as witness many cases of strangulated hernia and the like.

In noticing the physiological effects of this medicine upon several cases of intestinal obstruction which have come under my observation, I find that it has the general effect of stimulating muscular action throughout the alimentary canal. It seems also to act specially as a tonic to the colon. Of all cases of habitual constipation I believe that a torpid condition of this intestine is the most frequent cause of the trouble, leading to an insufficient contraction, with the accumulation of fæcal matter.

It seems to have a marked effect wherever there is an atonic condition of the visceral muscular coats. In one case under observation, a woman in this city, who had been unable to obtain relief from other treatment, and had been suffering for years, was relieved after one week by the use of fluid extract of cascara, and subsequently was permanently cured. In this case it was apparent that the remedy in addition to other effects, corrected the torpidity of the liver, and promoted its functional action. What is peculiar also concerning this case is that it was found that the frequent administration of small doses, continued over a period of several days, had a more desirable effect than when larger ones were given, with immediate drastic results. The fluid extract was given with simple syrup, in doses of twenty minims three times each day.

In other cases equally obstinate it has been used with the same success, although the most permanent results have been attained by combining with it belladonna and strychnia, and this is found to

* A paper read by H. L. Coit before the Alumni Association of the New York College of Pharmacy.

be a great advantage in many cases, although the trouble may be traced to other causes than the one mentioned in this paper. The physiological properties of these two agents would indicate at once that they were the proper adjuvants. The belladonna is used in order to produce the requisite muscular relaxation where the organs are found to be rigid, and also to increase the secretions of the alimentary canal.

The strychnia is indicated because it acts universally upon the nerve power, at the same time assists the digestive organs in their functional operations.

Nux vomica in various forms has been used for many years with purgatives to promote their action, and especially in diseases herein described. After resorting to many expedients it has been found that in order to secure the greatest efficiency for the drug under consideration, it must be given in this three fold combination.

An elixir prepared with reference to the foregoing conditions seems to be the most eligible method of administration, and I would, therefore, recommend the following formulæ which appear to meet the requirements.

Elixir of cascara sagrada.

Fl. ext. of rhamnus Purshiana, ʒ ij.
Tinct. of cardamon (plain), ʒ iv.
Ammoniacal glycyrrhizin, grs. xxx.
Simple elix. (Diehl's formula) sufficient to complete ʒ xvj.

Each tablespoonful contains twenty minims of fluid extract cascara, with aromatics. Adult dose: One tablespoonful each day.

Elixir of cascara compound.

Fl. ext. rhamnus Purshiana, ʒ ij.
Fl. ext. belladonna, ♏ lxiv.
Citrate of strychnia, gr. j.
Tinct. of cardamon (plain), ʒ iv.
Ammoniacal glycyrrhizin, grs. xxx.
Fl. ext. cacao bean, ʒ ij.
Simp. elix. (Diehl's formula) sufficient to complete 1 pint.

Each tablespoonful contains twenty minims of of fluid extract of cascara, two minims of fluid extract ef belladonna, one-thirtieth of a grain of strychnia citrate, with aromatics. Adult dose, one tablespoonful.

The bitterness is concealed perhaps as completely as it is possible to do and yet preserve the required medicinal strength of the preparation; the glycyrrhizin has become famous for covering the bitterness of quinia, and the flavor of the cacao bean enhances the value of what, in my judgment, is the very finest simple elixir.

In preparing the fluid extract I find that the drug yields its virtues best to equal measures of alcohol and water. The extract should be prepared without the slightest application of heat. Each pint of the finished preparation should weigh 7,640 grains; the drug should be manipulated in a fine powder and packed moderately firm.

Should it be preferred to administer this remedy alone, it may be prepared with simple syrup, made of officinal strength, without heat. and using rock candy instead of other form of sugar.

By combining the fluid extract and the syrup thus prepared it may be given in teaspoonful doses gradually increased.

PISCIDIA ERYTHRINA, (LINNÆUS), JAMAICA DOGWOOD.—This tree belongs to the large and important order of the Leguminosæ, better known as the Pulse family, familiar representatives of which are found in the locust, cassia, tamarind, and the like. The majority of the plants that belong to this widely diffused order are indigenous to foreign lands. The order is somewhat peculiar in that it embraces plants widely used as food, especially the tamarind and others equally widely known as poisons. Of the latter class the most important is the physostigma (Calabar bean), which contains that very poisonous alkaloid physostigmia, and also *Sophora speciosa*, Benth. (Sophora beans), indigenous to Western Texas, from which Dr. H. C. Wood, in 1877, isolated an alkaloid, which he named Sophoria, the action of which is not unlike that of the Calabar bean. From these connections we need not be surprised that Jamaica dogwood contains most active properties. In fact, some of these have been known years ago, since, as early as 1844, Dr. Hamilton states that the tincture of the bark of the root he used with success as an anodyne in toothache; but very little has been heard as regards its merits till of late years, when it was for the first time placed before the medical profession of the United States by Messrs. Parke, Davis & Co., of Detroit, Mich. The bark of the root is the part used in medicine, and as found in the market is in quills and flat pieces. The former are often from one-half to an inch in diameter, and generally destitute of the subereous tissue; while the latter are from one to two inches in diameter, slightly curved, and about a quarter of an inch or less in thickness (as seen in cut).

The bark between the inner and outer surface is of a greenish resinous hue, breaks transversely with a short fibrous fracture. Its medicinal virtues can only be extracted with alcohol, it owing its

activity to the resinoid *Piscidin*, which is generally obtained as a yellowish amorphous powder. I endeavored to make a few experiments with an alcoholic solution of the resinoid (one grain to the drachm), with a view of demonstrating its applicability as a narcotic. I am indebted to Mr. Krauter for his valuable aid.

Exp. 1. A rabbit, whose normal temperature is 104° Fah. at 8 P. M., receives ten minims of the solution subcutaneously:

TIME, P. M.		Heart Beats per Minute.	Respirations per Minute.	Temperature.
8:15	Pupil dilated	151	76	105° Fah.
8:20	Fifteen minims given			
8:25		154	81	106½° Fah.
8:30		159	86	108° "
8:35	Pupils very much dilated, and salivation produced			
8:40	Ten minims given	156	Very irregular.	108½° "
8:45	Sits sleeping; sensibility very much obtunded	141	91	104° "
9:00	Fifteen minims given	137	Irregular.	106° "
9:05	The strongest pinching does not cause him to move	126	73	103° "
9:10	Labored respiration	121	56	101° "
9:15	Hind legs are paralyzed; lies sprawling, unable to move	108	43	98° "
9:20		106	36	92° "
9:25		98	16	91° "
9:30		98	9	89° "

9:45 P. M.—Animation suspended, the dilated pupil suddenly contracts, and death follows. Bowels opened immediately afterward, and heart found beating. Piscidin has similar effects upon a man, when taken internally, causing a hot flush over the whole body, producing dilatation of the pupils, general diaphoresis, and slight salivation; by increasing the dose, the eyes look wild and staring, labored breathing results, the pulse decreases; this is followed by disturbance of vision, and merging into a state of obliviousness, which lasts for several hours. The *rationale* of its action upon animals may be expressed in the following propositions:

1. It is a narcotic to higher as well as lower animals.
2. It dilates the pupil.
3. It causes an increase of the respiration, followed by a sudden decrease.
4. Produces salivation and profuse diaphoresis.
5. Reduces the action of the heart, and has little effect upon the temperature, producing general paralysis and death by asphyxia.

The action of morphia and piscidin are somewhat similar; like morphia, it produces somnolence and paralysis; unlike it, it dilates the pupil. In morphia poisoning the eyes are contracted and excited; under piscidin they become dilated and staring. It is evident beyond a doubt that piscidia bark is a powerful drug in assuaging nervous pain and producing sleep. Its action seems to be principally over the motor nerves. It has been used in cases of spinal irritation and chronic cough, where opium could not be prescribed. But I think a more thorough therapeutic investigation would be highly beneficial.—A. C. Nagle, in the *Druggists' Circular*.

Piscidia Erythrina, or Jamaica Dogwood.—Having, in my last communication, confined my remarks on this plant to the limited results of my own personal experience, I propose, in my present, to call the attention of the professional world to the observations made by former writers, and to the medical uses to which this bark had been previously, and not improbably, yet continues to be, applied.

The piscidia erythrina is extensively distributed throughout the Archipelago of the Antilles, and flourishes chiefly in the lowlands, and on dry calcareous or volcanic hills in the vicinity of the sea; flowering in the spring months, and chiefly in April, when the tree is bare of leaves, which rarely appear before the departure of the blossoms; these are diadelphous, of a whitish color, forming terminal thyrsoid racemes, and are succeeded by compressed, membranaceous winged legumes, containing roundish seeds. These seeds not improbably partake of the medicinal properties of the bark of the roots; and at all events, merit the labor of experiment.

The dogwood-tree, as far as my experience goes, is of moderate dimensions—those which I met with on Saddle-Hill, in Nevis, averaging the height of good apple trees; but in Guadaloupe and Dominica I have met with specimens of a somewhat more aspiring stature. The timber, which I had not myself an opportunity of examining, is described by Lunan, in his Hortus Jamaicensis, as being of a lightish brown color, coarse, cross-grained, ponderous, firm, and resinous; well adapted for piles for wharves, from its great durabilty, both in and out of water. It is easily propagated by seeds or cuttings; and stakes cut from it soon take root, and form an excellent live fence.

As I have reason to believe, from its insolubility in any other menstruum than highly rectified spirit, that the narcotic principle of the bark of the roots resides in a resin, and as this resin abounds, according to Lunan, in the timber of the tree, which derives from hence no doubt its great durability, even when im-

mersed in water; this resin, during, or immediately before the development of the flowers, merits the examination of the medical inquirer, not only as furnishing the article required for the purpose of Pharmacy, with less injury to the tree, but as affording it in a more portable, and less perishable form; for the tincture, described in my last communication, rapidly loses its active properties, as far as my experience goes, from the action of light and heat, which, separately or conjointly, appear to decompose the preparation, by detaching the resin from its solvent, and thus lessening the intensity of color in the tincture. It may have been from this cause that I was disappointed in the effects which I anticipated from the preparation made for me by Menzies and Co., of Kingston, Jamaica; and it is probable that equal disappointment will attend any tincture prepared in the West Indies; hence, for the purpose of fair experiment, the bark of the roots in substance, the resin of the timber (both procured at the proper season), and the pods, with the seeds they contain, gathered after attaining their full growth, but while the sap is yet in them, together with pods fully ripened and containing the seeds, should be obtained from the West Indies.

According to the notes I made at the time, the preparation of the bark for the sport of fish poisoning is as follows: Being detached from the roots it is mashed up with what is termed, in the West Indies, temper-line and the low wines or lees of the still-house, and the mixture distributed into small baskets, from which it is washed gradually out by persons holding the baskets in the water from boats, slowly propelled by oars or stationary in some small bay. Lunan describes the process somewhat differently; stating, that the bark is "pounded very small, and mixed with the water, by being put into sacks, in some deep and convenient part of a river, whence it spreads itself, coloring the water of a reddish hue, and in a few minutes the fish, that lie hid under the rocks and banks, rise to the surface, where they float as if dead. Most of the large ones recover after a time, but the smaller fry are destroyed. Browne observes, that the eel is the only fish he noticed that could not be intoxicated with the common dose, though it was sensibly affected; for the moment the particles spread where it lay, it moved off with great agility through the water; and he saw them sometimes chased to and fro in this manner for some minutes, without sustaining any injury. Lunan is silent as to the addition of the lime and the low wines, both of which are essential to the solution of the intoxicating constituent of the bark, and its diffusion through the water. As my notes were made on the spot, I can speak with the more confidence as to the mode of preparation which I witnessed, and which may, perhaps, suggest some improvement upon my form for preparing the tincture. The eels spoken of by Browne, as so insensible to the intoxicating influence of the bark, were probably the common fresh-water eel. But the large spotted sea eel, with a crested head, commonly known in Nevis by the name of the conger-eel, though widely differing from the voracious fish of that name found on our own coasts, appeared to me to be considerably affected by it; not indeed, by being stupefied, but swimming about in the phrenzy of intoxication, and rearing its crested head high above the surface, as if striving to escape from the pestilential medium. In St. Vincent, the Charaibs, as I was informed, were in the habit of taking the larger fish by a stratagem somewhat different, and seeming to imply a material difference in the chemical properties of the substance employed. Their plan was to fill the bellies of small fish caught for the purpose with a preparation of the roots of a plant called by them Wonga (?), and throw them, thus prepared, into the water to be devoured by the larger fish, whose lives were the forfeit of their rapacity, the intoxication, resulting from their prize, making them an easy prey to the fisherman. What is the plant so named, and what are its specific properties?

Previous to my experiments upon the internal use of the dogwood bark, I am not aware of its application, otherwise than as an external application to some cutaneous diseases of men and animals. For this purpose, a tincture was prepared by macerating the bark in low wines and used successfully as a wash for the mange in horses and dogs, and for psora and other disorders of the human subject.

Dr. Barham, of Jamaica, indeed informs us, in Hortus Americanus, published in 1794, that he employed this bark, which he found very restringent, in the shape of a decoction, to cleanse and stop the great flux of ulcers and make them fit to heal, and cure the mange in dogs (p. 52); but it does not appear that he made any experiments upon its internal effects, and if he had, he would have found the decoction an inert form of exhibition.

Before I conclude, I may perhaps be permitted to touch briefly upon the much disputed question of sol-lunar influence, which the philosophical sceptics of our frigid climate boldly deny, but which obtains general and not unmerited credence in the warmer region within the topics. Soon after my arrival in the West Indies, in the month of March my attention was practically directed to the observation in Horace, that

"Lubrica nascentes implent conchylia lunæ,"

by a dish of echini, or sea eggs, as they are termed, which is accounted a great dainty, but is only in season at the period of full moon. Inattention to this influence led to my disappointment on a repetition of my experiments with the dogwood bark, and a similar inattention will lead invariably to similar results. But it appears to me that this influence is subject to considerable modification, arising from the season of the year; its effects upon vegetation being most powerful in the vernal months. To determine the reality of its existence, I compared, by actual measurement, the growth of plants during the increase and decrease of moon, and found a most marked and enormous difference. Influences which become imperceptible as we recede from the tropics, display themselves in the most exaggerated forms as we approach the line, and that which excites the sneer of incredulity in Britain, becomes a matter of faith in Italy, and of fact in Trinidad, Essequibo, or Demerara. But I have exceeded my limits, and must for the present conclude.—William Hamilton, M. B., H. M. L. S., in *Pharmaceutical Journal and Transactions.*

NITRO-GLYCERINE AS A REMEDIAL AGENT.*—A year or two ago nothing seemed more unlikely than that nitro-glycerine should be used as a remedy; but now it bids fair to rank high as a curative agent. Its chemical history is too well known to repeat in this connection.

Twenty-two years ago a curious controversy arose as to the properties, physiological and therapeutical, of nitro-glycerine, then known as nitrate of oxide of glycyl. Mr. Field, of Brighton (England) described in detail the effects produced by taking one evening, after a hard day's work, two drops of the one per cent. alcoholic solution. He first experienced a feeling of fullness on both sides of the neck, succeeded by nausea. The next sensation of which he was conscious, was as if some of the fluid were being poured down his throat, and then succeeded a few minutes of uncertainty as to where he was, during which there was a loud rushing noise in his ears, like steam passing out of a tea-kettle and a feeling of constriction around the lower part of the neck, as if his coat were buttoned too tightly; his forehead was wet from perspiration; he yawned frequently. His head fell back, the jaw dropped, the face was pallid, his breathing was stertorous, and for the space of two minutes no pulse could be felt at the wrist. The symptoms gradually subsided, and were succeeded by a slight headache and a dull heavy pain in the stomach, with a decided feeling of sickness, though without any apprehension that it would amount of vomiting. He felt rather languid, but would talk cheerfully, conscious at the same time that he could very well exert himself, both mentally and physically, but that it was more pleasant to be idle. This condition lasted half an hour, at the end of which he was quite well, and walked home (a distance of half a mile) with perfect comfort. He slept soundly from one o'clock until six, when he was called up, suffering from a slight general headache, but not such as he would have regarded but for the recollection of the previous night's adventure. Mr. Field says that he had never been in better health or spirits than on the day of this occurrence, and he had taken nothing for hours previously but a little cold tea. Being anxious to inform himself as the effects of a smaller dose, he induced a medical friend to join him in some further observations. They each touched their tongue with a cork moistened with the same solution, and recorded the sensations which ensued. They were as nearly as possible identical.

The above is the account of the first experiments, which being brought in question as to their accuracy, were repeated by Mr. Field and others with the same results.

Dr. Murrell afterwards re-opened the whole question and made observations upon himself and thirty-five patients, and in the main agreeing with Mr. Field's experienece. In exceptional cases none of the ordinary symptoms were produced, probably from some idiosyncrasy on the part of the patient.

It has been found that the effects of nitrite of amyl and nitro-glycerine on the pulse are similar. Both produce a marked dicrotism, and both accelerate the rapidity of the heart's action. They differ in the time they respectively take to produce these effects. The full action of nitro-glycerine on the pulse is not observed until from two to six minutes after the dose has been taken; whilst in the case of nitrite of amyl, the dicrotism appears in from fifteen to twenty seconds after an inhalation, but its effect is transitory, being maintained for only a short time. The nitro-glycerine acts more slowly, but the pulse does not resume its normal character for nearly half an hour. Dr. Murrell found in a case of epispadias, in which the patient was not susceptible to the ordinary effects, that it acted as a diuretic, in doses of twenty minims of one per cent. solution.

On Animals.—The action of nitro-glycerine on the lower animals has been investigated. A dose of six minims of a ten per cent. solution, injected under the skin of a frog, produced (among other symptoms) languor, tetanus, and finally paralysis. Immediately after the injection, the animal became restless, and the respirations very rapid. In a minute or two this restlessness subsided and gave place to lethargy, the frog showing a disinclination to move. The respiration continued rapid, and, in about five minutes from the commencement of the observations, the animal gave a sudden spring and fell into tetanic convulsions. These lasted about half a minute, and then became more or less relaxed; they soon returned and continued to do so at regular intervals, although they were readily excited by touching the animal. After continuing some time, the convulsions became gradually weaker; the animal died.

On cats, the principal effects produced were great acceleration of respiration, paralysis, loss of reflex action and sensation, and death from arrest of respiration. A dose of about sixty minims of a ten per cent. solution injected into the peritoneal cavity caused the death of a cat in about one hour.

The Application of the Drug.—For some time past it has been used as a remedy for neuralgia, but has not become popular because of the disagreeable, not to say dangerous character of the remedy. In addition to its use in neuralgia it has been suggested as a remedy for tetanus, hydrophobia, sea-sickness, chloroform-poisoning, and many other morbid conditions. It is however, as a remedy for angina pectoris that it will be found most useful. It is an agent of the greatest possible value, worthy to be ranked with nitrite of amyl. It is now in use in most of the London hospitals, and in many cases it has effected a complete cure. The dose to begin with from one to two minims of one per cent. solution every three of four hours during the day.

Nitro-glycerine can be obtained in solution either in alcohol or in ether, but the former is usually preferred. The drug can be dispensed with perfect safety. With the most ordinarly care, it would be impossible for an accident to occur. It is to be hoped that the one per cent. solution may find a place in the next edition of the British Pharmacopœia. [And why can it not be adopted by the Committee of Revision of the United States Pharmacopœia?—EDITORS.]—*North Carolina Medical Journal.*

*British Medical Journal, March 13th and 27, 1880. Pp. 406 and 487.

A Case of Opium Habit of Six or Eight Years' Standing, Treated Successfully with the Solid Extract of Coca.—Early in September last, Mrs. ——— applied to me for treatment of an opium habit of six of eight years' standing. At the time of application she was taking of laudanum daily the equivalent of about forty grains of opium. She was a blonde, somewhat above medium height, with a full, round figure, æt. 24. In May last she married an estimable man, who was then totally ignorant of her unfortunate habit.

Up to her twenty-second year, this lady had never menstruated per vaginam, but had had monthly vicarious bloody discharges from the rectum, attended with much pain. These discharges were usually preceded and followed by painful and exhausting diarrhœa. To relieve her periodical sufferings, she had unadvisedly, I presume, resorted to use of the laudanum, until such use became a fixed habit.

An operation for congenital closure of the external os uteri, by Dr. C. C. Henkle and myself restored the menstrual function to its proper organs, but did not, of course, relieve the opium habit; hence her return to me as above stated. The attempt extending through twenty days, to cure the case by reliance mainly upon the strength of her own will and the extract of coca in 20 grain doses, four times daily, proved a failure. She was now (Sept. 28th), with her own consent placed in close confinement, and only one trusty attendant, besides her husband and physician, allowed to enter the room. No opium prescribed. Ordered 20 grains, four times daily, of the extract of coca.

Sept. 30.—At bedtime suffering extreme—double vision, want of appetite, nausea, diarrhœa, restlessness twitchings of the muscles, pain in the back and joints, formication, begs piteously for relief. Prescribed ⅜ of a grain of morphia, concealed in a mixture of wine, bismuth and catechu. She slept well during the night, and was calm and comparatively free from suffering the following morning; coca continued.

Oct. 2.—Night. Suffering, but not so severely as before. Prescribed ¼ grain of morphia, concealed as before, and ordered the coca to be continued. Slept well during the night.

Oct. 9.—Night. Suffering somewhat from diarrhœa, menorrhagia, formication and pains in the back and limbs. Prescribed ⅛ grain of morphia. Slept most of the night.

Oct. 15.—Throughout the day, calm and free from pain and other disturbances. From this time on to the 18th of October she continued to do well without. The coca treatment, however, had been steadily kept up. She was now discharged apparently cured, but advised to continue the coca for awhile in diminished daily doses, along with a tonic of quinine, strychnia and iron.

At this writing, November 19th, she is much improved in health and appearance, and does not seem to have the least desire for opium.—John Q. Winfield, M. D., in *Virginia Med. Monthly.*

Chrysophanic Acid in Skin-Disease.—It was in the columns of the British Medical Journal that I had the opportunity, several years ago, of submitting to the notice of the profession chrysophanic acid for the treatment or chronic skin-disease of various kinds. This remedy has been praised very warmly by many well-known authorities—for example, Professors Kaposi and Neumann, of Vienna, and Besnier of Paris; and has taken its place as one of the most important of all meams of treating skin-disease in every part of the world. When my first investigations were published, the price of the drug was ten shillings an ounce; and this was at the time the main drawback to its general adoption. In Vienna, its prohibitory price led Dr. Jarisch to seek a chemically allied and cheaper substance as a substitute for it; and this he thought (and really, as I think, with some cause) he had found in pyrogallic acid. At the time to which I refer, pyrogallic acid was at but a fraction of the cost of chrysophanic acid; and, if the "improvement" of Dr. Jarisch could have ranged itself as equal in efficacy and yet much cheaper in price, then chrysophanic acid would have been compelled to respect itself as only the suggester of the still more valuable pyrogallic acid. The contest, of course, was at the time much against chrysophanic acid. If pyrogallic acid could only make itself out a fairly able rival of its much more costly chrysophanic relation, it would obliterate the latter, because pyrogallic acid was already a specially cheap article, owing to its extensive use in arts; whereas chrysophanic acid was a mere remedy of untried popularity as a healer of skin-disease, and never up till now of any other use. I regard it as a kind of obligation on my part, for having "vaunted" (as an esteemed correspondent of the Journal put it at the time really very justly) the properties of chrysophanic acid, to make good, after a sufficient lapse of time, the "vaunt." But I can claim this on two grounds; and the one of these very directly supports the other. I find, on consulting the lists of wholesale druggists, that the price of chrysophanic acid is now very definitely below the price of pyrogallic acid, notwithstanding that the use of chrysophanic acid is limited absolutely as an agent for the treatment of skin-disease; and yet I find, after very extensive and careful trial of pyrogallic acid as a substitute for chrysophanic acid in the treatment of skin-disease, that it falls very considerably behind as a remedy. I think I am not wrong in judging this question of the market as an evidence of a more conclusive kind as to the verdict of the profession between the two remedies.—Balmanno Squire in *British Medical Journal.*

Sanguis Bovinus Exsiccatus.—Dr. William H. Pancoast presented a specimen of a new form of condensed nourishment, consisting of dried bullock's-blood, prepared at the Jersey City stock-yards, under the supervision of Dr. F. E. Stewart, for Messrs. Parke, Davis & Co. This substance is given in place of beef-tea, and similar articles for the sick, mixed simply with water (℥ j to ℥ j), or, better, with brandy and glycerine. It may be given in nutrient enemata as well as by the mouth.

Dr. Stewart, being present, was, on motion, invited to explain the process of preparing the blood. He said that dried blood had been used extensively in New York, and was now under trial at the Blockley Hospital, Philadelphia. The process of preparing the blood is very simple. The fresh blood is obtained by bleeding the animal to

death, the fibrin is rapidly removed, and the rest of the blood is exposed in shallow vessels to a temperature not above 110° to prevent coagulation of the albumen and its devitalization by excessive heat. The dried blood is afterwards coarsely broken up and packed in air-tight cans. It is important that the animals should be bled to death, for if they die of apnœa the product will be less fit for medical purposes. He commended particularly the form of administration in an elixir (℥ ij in ℥ vj).

The thanks of the Society were tendered to Dr. Stewart for his explanation.—From Proceedings of Phila. Co., Medical Society in *Philadelphia Med. Times.*

Coca in the Opium-Habit.—Seeing in the May number of the News an article by Professor Palmer, headed "The Opium-habit—A Possible Antidote," I determined to give it a trial, and now send you the following report as the result: Mr. J. T. B., commenced using opium in April, 1862, for chronic diarrhœa contracted in the late war. Since that time he had used on an average two ounces of opium a week. The coca treatment commenced June 24th. On the 25th he took ten grains opium, on the 27th two grains morphia sulph., on the 29th one and a half grains of morphia, July 1st one grain of morphia, July 3d three quarters of a grain of morphia, and on the 5th, 7th, and 9th one sixth grain of morphia. He took the coca *ad libitum*, or whenever the system demanded the opium. He took, as above stated, opium and morphine for several days. This he did, as we verily believe, for fear the coca would not cure him, and to-day says had he to go over it again he could stop the opium at once. After getting from under the influence of the opium he had a considerable diarrhœa, which was readily controlled by ten-grain doses subnitrate of bismuth.

It has been near two weeks since he took any coca, and no opiates since the 9th of last month, and today looks like another man. He says he is cured, and I believe he is. He has spent about eighteen hundred dollars for opium and patent nostrums said to cure the opium-habit.—Benton J. Hon. M. D., in *Louisville Med. News.*

Experimental Researches on the Biological Action of Picrotoxin.—Prof. Chirone and Dr. Testa (Jour. des Sci. Méd., 1880, p. 516; from Ann. Univers. di Med. e Chir.) have arrived at the following conclusions. 1. Picrotoxin may give rise to true attacks of epilepsy. 2. Picrotoxinic epilepsy manifests itself independently of the psycho-motor centres: it shows itself in a more intense form, indeed, when these centres have been removed by vivisection. 3. Picrotoxin first exerts its influence on the bulb and on the apparatus of conjunction between the cerebral centres and the spinal centres. In this respect it resembles strychnia and is opposed to cinchonidin. 4. Picrotoxin arouses the functional antagonism which exists between the psycho-motor centres of the bulb and the apparatus of conjunction. 5. Convulsions of the members caused by picrotoxin depend in the first place upon the influence which it exerts upon the bulb and which is propagated by the spinal cord; and, in the second place, upon direct action on the spinal centres. 6. (Omitted.) 7. Epilepsy of cerebral origin may be obtained artificially by cinchonidin, and epilepsy of spinal origin by picrotoxin,—the former occurring provided the psycho-motor centres are not removed, the latter becoming more intense if they have been remomed.—*Phila. Med. Times.*

Casca Bark versus Digitalis.—In the Gulstonian lectures of 1877. Dr. T. Lauder Brunton pointed out the close resemblance in the physiological action of cortex erythrophlœi and digitalis. Casca strengthens and slows the heart and increases the amount of urine. Dr. Drummond (London Lancet) who has been using the tinctura erythrophlœi (as it is proposed to call the drug) for two years, sums up his experience as follows: "It (casca) is undoubtedly a very useful addition to our somewhat restricted list of therapeutic agents in the treatment of cardiac disease, serving like digitalis, to lower the pulse rate, and, whilst increasing the force of the systole, to render the heart more regular. In comparing the two drugs, whilst recognizing the value of casca, I think digitalis is the more reliable remedy of the two; it seems to act more rapidly and with more certainty. It may however, yet be found that the cases in which each drug is to be employed must be selected; some cases requiring perhaps stimulation of the cardio inhibitory center in the medulla —casca—whilst others may be best suited by a remedy which acts on the peripheral inhibitory apparatus in the heart—digitalis.—*Physician and Surgeon.*

Rhinacanthus Communis.—Dr. P. Liborius (*Untersuchungen über den Wurzelfasern von Rhinacanthus communis*) states that, while in Hong Kong, he became acquainted with a drug growing in Siam, and exported from Bangkok to Hong Kong. It is used in form of tincture, which goes there by the name of "ring-worm tincture." Afterwards he learned from Dr. Gerlach, a practising physician and botanist, living in Hong Kong, that the root was derived from Rhinacanthus communis (Nees van Esenbeck). A small quantity of this drug was examined at the pharmaceutical institute of the University of Dorpat, under Prof. Dragendorff, and among a number of other usual constituents, there was found in the plant a peculiar substance, named by the author rhinacanthin, which constitutes at ordinary temperature a tough, resinous, dark, cherry-red mass, the colour of which is altered to greenish-yellow by acids, but restored to red by alkalies. It appears to be related to chrysophanic acid; and it also seems to have similar therapeutical properties, The root is sold at Hong Kong at $2 per lb. It is known in China as Tong-Pang-Chong.—*Chemists' Journal.*

Hoang-nan, a New Remedy for Hydrophobia.—The author makes known a plant which enjoys a great reputation for the cure of hydrophobia in the kingdom of Annam. This plant, called hoang-nan, is a species of convolvulus, which is closely related to false angustura; its effects should be analogous to those of strychnia and brucia. M. Bouley, in speaking of this new remedy in the Recueil de

Med. Veterinaire, regrets that no case has been cited demonstrative of its efficacy; but thinks that experiments should be made. M. Bouley relates an anecdote apropos of garlic, a substance which enjoys a great reputation among anti-hydrophobic remedies, and which is an ingredient of a good many formulæ long kept secret. A young man had been bitten by a mad dog and symptoms of hydrophobia soon manifested themselves. The affrighted family, not knowing what to do with the unfortunate, shut him up in a small chamber in which garlic had been placed to dry. In his fury the unfortunate man threw himself upon the bundles of garlic, ate of them abundantly, and soon became drowsy and fell into a profound sleep. On awakening he was cured; the symptoms of hydrophobia had entirely disappeared.—*M. Lesserteur in Jour. de Med.*, May, 1880.

Hoang-nan a Cure for Snake Bite.—Mr. Tremlett, Consul for Saigon, furnishes, according to the Med. Press and Circular, July 7th, 1880, some further notes respecting hwang-nao, (hoang-nan) which is said to cure the bite of the most venomous serpents and has been successfully employed in curing cancer, and principally leprosy, in the treatment of which it has never given other than satisfactory results. The native physicians, Mr. Tremlett tells us, distinguish thirty-six kinds of leprosy, the most common attacking the feet and hands; it is considered to be hereditary, and is usually contracted by children at the age of puberty. After some generations, it has been noticed to confine itself to either the male or the female members of the family; the disease is considered contagious, which only would account for the number of lepers in Tonking.—*Atlanta Med. and Surg. Journal.*

Quebracho in the Treatment of Asthma.—The liquid extract of quebracho has of late been largely employed in the treatment of asthma. As yet, there is no indication for its use, except the presence of dyspnœa. A teaspoonful, repeated, if necessary, at intervals of ten minutes, certainly relieves, as I have observed, the dyspnœa of phthisis, of pneumonia, of pleurisy, of emphysema, and of valvular lesions. It has failed of its effect, so far as I have seen, only in two cases of aortic disease; in the one, the patient had been for years accustomed to inhale nitrite of amyl almost every two hours; in the other, there was complication with marked attacks of stenokardia. The active principle of quebracho appears to be gum-resin; but as to its mode of action nothing is known. I have frequently noticed that, after the administration of the drug, there is slight flush of the face, perspiration and occasionally drowsiness; but there are no objective signs on the part of the heart and of the lungs sufficient to account for the relief.—From a paper By J. B. Berkart, M. D., Senior Assistant Physician to the City of London Hospital for Diseases of the Chest, etc., in *British Medical Journal.*

Menthol.—This new antiseptic and anti-neuralgic is stearoptene of peppermint, or menthol a crystaline solid derived from the oil of the mentha piperita. It is not soluble in water, but dissolves readily in alcohol, ether or glycerin. A one to twenty solution may be obtained by adding one grain of menthol to six minims of alcohol with fourteen minims of water. Its antiseptic action resembles that of thymol; in the strength of 1 to 500 it will prevent the development of bacteria and kill those already in existence. Its anti-neuralgic action is obtained by painting it in solution (one grain of menthol in ten minims of alcohol) over the painful point. The author, McDonald, considers that menthol is the active antiseptic and anti-neuralgic principle of oil of peppermint.—*New York Med. Jour.*

Homatropine.—Dr. Fronmueller (Memorabil., August, 1880) has experimented with the bromate of homatropine on twenty three persons as to its effect in dilating the pupils, and on thirty-five as to its poisonous qualities. In general, its power of producing dilatation he found as great as described by previous observers. In the study of its intoxicating effect he injected hypodermically a solution of one milligram gradually up to five milligrams a day. He then gave internally from five to twelve milligrams in three or four doses a day until toxic symptoms were noticed—dryness of fauces, giddiness, etc.—but there was no dilatation of the pupils. His conclusion is that homatropine is not so poisonous as atropia, and can be safely used in night-sweats, epilepsy, and whooping-cough. —*American Practitioner.*

Notes on Mikania Guaco.—Mikania guaco is a form of a plant widely diffused in tropical America, which is known under a great many different botanical names. It is the Eupatorium amarum of Vahl; Eupatorium parviflorum of Aublet's 'Guiana,' tab. 315; E. vincæfolium of Lamarck, in the French 'Encyclopédie;' Mikania amara of Willdenow and De Candolle; Mikania Huaco of De Rieux; M. argyrostigma of Miquel's 'Stirpes Surinamenses,' tab. 55; and M. Guaco and Tafallana of H. B. K. and De Candolle. Under the name of Mikania Guaco there are figures in H. B. K., 'Pl. Equin.,' tab. 105, and Descourtilz's 'Medical Flora of the Antilles," tab. 197, and under the name of M. amara, var. Guaco, in my 'Monograph of the Brazilian Compositæ,' t. 66. It ranges from Panama and Nicaragua to Peru and Central Brazil.—*American Practitioner.*

Euonymin in the Treatment of Pseudo-Membranous Colitis.—According to la France Médicale, Dr. Blondeau brought before the Société de Therapeutique, recently, a case in which he had employed euonymin in one of his patients suffering from pseudo-membranous colitis which had been vainly treated by the most energetic remedies. He prescribed euonymin 0.05 gram, (grain ¾), extract of hyoscyamus, 0.10 gram, (grain 1½), made into two pills, one to be taken morning and evening. After six days of this treatment the patient had regular motions and recovered her health, which she had lost for some months.—*Medical and Surgical Reporter.*